



City of Leeds

EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

(G. E. ST. CLAIR STOCKWELL B.A. M.B. B.C.)

For the year ended 31st December 1931

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LEEDS EDUCATION COMMITTEE

Medical Inspection of School Children

MEDICAL SUB-COMMITTEE

Councillor S. WEBSTER (*Chairman*)
 Alderman MORRIS
 „ THORNTON
 Councillor CROYSDALE
 „ FERNANDEZ
 „ PICK
 „ QUINN
 „ WEAVER
 Mrs. BLACKBURN
 Mrs. HARVEY
 Alderman R. H. BLACKBURN (*Ex-Officio*)

MEDICAL STAFF

School Medical Officer—ALGERNON WEAR C.M.G. M.D. B.S. D.P.H.
 (*retired 31st December 1931*).

Deputy School Medical Officer—GEO. E. ST. CLAIR STOCKWELL
 B.A. M.B. B.C.

Full-time Assistant School Medical Officers—

MAURICE E. WILLCOCK M.B. Ch.B. D.P.H.
 FRANCES M. BEBB B.A. M.B. Ch.B.
 HERBERT HARGREAVES M.B. B.S.
 RONALD WOOD M.B. Ch.B.
 BASIL M. R. WEST, M.R.C.S., L.R.C.P. (*leave of absence for one year
 from 30th September 1931*).
 IRENE M. HOLORAN M.B. Ch.B.
 ROBERT J. REID M.B. Ch.B. D.P.H. (*left 31st May 1931*).
 THOMAS C. LONIE M.B. Ch.B. D.P.H. (*appointed 1st September
 1931*).
 GWENDOLEN F. PRINCE M.B. Ch.B. (*temporary appointment
 1st October 1931*).

Oculist—RALPH HOPTON M.D. B.S. M.R.C.S. L.R.C.P. (*part-time*)
 (also Oculist to the School for Blind and the Special Classes
 for Myopes).

Consulting Surgeon (Nose, Throat, and Ear)—ALEXANDER SHARP
 C.B. C.M.G. K.H.S. F.R.C.S. (Edin.).

Consulting Surgeon (Orthopædic)—S. W. DAW M.B. B.S. F.R.C.S.

MEDICAL STAFF—*continued**Full-time School Dental Officers—*

HARRY DRAKE L.D.S. (*Barrister-at-Law*) (*left 31st December 1931*)
 JAMES LAW L.D.S.
 ARTHUR B. MORTIMER L.D.S.
 HERBERT J. EAGLESON L.D.S. (*left 31st January 1931*)
 ROBERT D. KINNEAR L.D.S.
 ELEANOR KNOWLES L.D.S. (*appointed 1st March 1931*)

*Part-time School Dental Officer—*G. HERBERT H. RUSSELL M.B.
 Ch.B. L.D.S.

School Nurses—

VIOLET J. WEBSTER	ELIZABETH M. WHURR
(<i>Superintendent Nurse</i>)	ROSE PAYNE
JANE TOTTIE	ISABEL FERGUSON
GERTRUDE SMITH	HILDA MOODY
CARRIE LEWIS	(<i>6 months leave 5th October 1931</i>)
HELENA SIMPSON	EMMA M. HEARNshaw
EVELINE LOWE	MARY CHERRETT
ELSIE K. BRIGGS	ELIZABETH M. BENSON
ANNIE A. POSKITT	EDITH D. WYNN
MONA K. MACPHERSON	LILIAN MOODY
SARAH E. WEBSTER	MARY D. CARRICK
GERTRUDE M. PENFOLD	KATE GRONOW
GRACE E. PRIOR	(<i>left 30th September 1931</i>)
ALICE CLARK	MINNIE ABBOTT
VIOLET WOODCOCK	ALICE SHACKLETON
(<i>appointed 1st March 1931</i>)	MARY LANHAM

Masseuses—

EDITH A. REVILL	ELIZABETH SWANSON
MARY F. E. HEWITT	GERTRUDE M. ISLIP
(<i>left 31st August 1931</i>)	(<i>left 31st March 1931</i>)
ALICE M. M. SUGDEN	GWENDOLINE M. BURGESS
	(<i>appointed 20th April 1931</i>)

Dental Attendants—

MARY E. MORTIMER	ETHEL WHITE
GRACE E. BROWN	CICELY M. BAXTER
CLARA WILSON	

**Summary of the Work of the Leeds School Medical
Service 1931**

No. of Children examined by the School Medical Officers at Routine Inspections	... ..	21,384 (22,309)
Re-inspected in the Schools by the School Medical Officers		18,551 (21,464)
Examined by the School Dental Officers	... ..	41,412 (45,216)
Examined by School Nurses in the Schools	... ..	85,585 (85,986)
Re-inspected in the Schools by School Nurses	...	81,642 (83,436)
Number of Visits to Homes by School Nurses	...	2,588 (3,362)

Clinic Work

Total Attendances 1931	284,086 (282,060)
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CLINIC	Number of Attendances		NATURE OF WORK
	Medical	Dental	
Central	18,755 (19,554)	5,572 (4,226)	Inspection Refraction X-ray Orthopædic Artificial Sunlight Aural External Eye Dental
Armley	25,351 (23,227)	3,942 (3,430)	
Burley	28,396 (39,556)	2,411 (2,444)	
East Leeds	20,290 (4,854)	2,840 (643)	
Edgar Street	46,834 (53,456)	3,433 (5,177)	
Holbeck	44,563 (41,315)	2,001 (2,672)	
Hunslet	30,526 (34,361)	3,949 (3,972)	Inspection Treatment of Minor Ailments Refraction Orthopædic Dental
Meanwood Road	38,420 (38,782)	—	
Middleton	5,154 (3,882)	—	
Dental Hospital	—	734 (509)	

The figures in brackets are those for 1930

CITY OF LEEDS

EDUCATION COMMITTEE

**Report of the School Medical Officer for the Year ended
31st December 1931**

To the Chairman and Members of the Education Committee

LADIES AND GENTLEMEN

I have the honour to present the Annual Report upon the work of the School Medical Service of the City of Leeds for the year ended 31st December 1931.

Staff

It is with sincere personal regret that I have to place on record the retirement of Dr. A. E. L. Wear, the only School Medical Officer the City has had to the present. Appointed as a part-time Officer in 1909, he was selected as the first full-time School Medical Officer in 1910. His medical staff was completely part-time till 1913, when full-time officers were appointed. At the outset, there were no nurses and no clinics.

During the period of over 21 years he has nursed his department through its infancy and childhood. He leaves it in healthy adolescence, well developed and well nourished, with a staff of doctors, specialists, dentists, nurses, masseuses, and clerks, second to none in the country.

The ever-widening influence exercised by the School Medical Service—not only from the remedial work carried out on behalf of the children, but also by the inculcation of hygienic habits that permeate the homes and tend to raise the general standard of life—more than justifies the efforts which he has made.

Dr. Wear's service to the City cannot be measured in terms of finance, but there is no doubt that his work has conferred a lasting benefit on the community. He will long be remembered for his unfailing kindness and consideration to his staff, and for his courteous and genial manner in all his dealings.

I must also refer to the regretted death of Dr. Graham, the late Director. He took a deep interest in the medical work, and was always insistent on the need of close co-operation between all branches of the Educational Service so that the best results could be obtained.

Dr. Hopton, owing to his continued ill-health, was unable to resume duty in 1931. His work has been done by existing members of the staff, who have been approved by the Board of Education.

Dr. Reid resigned on the 31st May on being appointed School Medical Officer at West Ham. Dr. Lonie, who succeeded to the vacancy, began work on the 1st September. Dr. West obtained leave of absence from the 30th September for 12 months, to take a course for the Diploma in Public Health, and Dr. Prince was appointed temporarily to take his place. In place of Mr. Eagleson, who resigned on the 31st January, Miss Knowles commenced work as School Dental Officer on the 1st March. Mr. Drake, School Dental Officer, resigned on the 31st December. Nurse Gronow resigned on the 30th September, and Nurse H. Moody was given six months' leave of absence on 5th October. Two masseuses, Miss Islip and Miss Hewitt, have resigned during the year, and Miss Burgess was appointed to fill one vacancy.

Return of Number of Children on Roll on the 31st December 1931

Type of School	Number of Schools	Number of Departments	Number on Roll
<i>Elementary—</i>			
Council	78	175	47,989
Voluntary	52	95	19,042
<i>Higher—</i>			
Maintained	13	13	5,330
Non-maintained	5	5	1,981
<i>Industrial</i>	2	2	186
<i>Special—</i>			
Mentally Defective	5	5	369
Physically Defective	1	1	95
Blind	2	3	224
Deaf	1	1	79
Sanatorium	2	2	70
Nursery	1	1	66
Total	162	303	76,331

Records are sent to the School Medical Service from all the Infant Welfare Centres of children with defects who arrive at school age, and who have been under their care. Co-ordination

The cards of children who attend the Orthopaedic Centre of the Infant Welfare Department are transferred to this office when the children attend school. They are all seen by the same orthopaedic surgeon, so that treatment is continuous.

The attention of the Infant and Child Welfare Service is called to children under school age with defects that are noted by the School Enquiry Officers in the course of their house-to-house visitation.

The co-ordination with the Tuberculosis Department is dealt with under its appropriate heading and the general spirit of co-operation leaves nothing to be desired.

The Nursery School (details are given on a later page) is under the control of the Education Authority.

School Hygiene

The hygienic conditions in the schools are generally satisfactory. The schools recently erected are built on up-to-date lines, and the sanitation, ventilation, lighting, and heating are excellent. In some of the older schools these conditions leave much to be desired, but improvements are being effected each year as financial considerations permit.

Arrangements have been made for the Medical Officers to report fully on the hygienic conditions of each school in the city, and it is expected that a complete return will be available next year.

Medical Inspection

Arrangements are made for the inspection in Elementary Schools of the children in the Age Groups specified in the Special Services Regulations of the Board of Education.

Teachers are requested to enter in special columns in the Admission Register the dates of the medical inspections of the scholars, and by this means are able to ensure that all children are examined at the appropriate ages. Children who for any reason are missed at an inspection are seen at the next visit of the Medical Officer.

Findings of Medical Inspection

The return of defects found by Medical Inspection is shown in Table II.

No new points are disclosed, and the findings of most conditions remain about the same.

The percentage of children found to require treatment shows a slight increase of 0.2 per cent., and it is again to be noted that the eight-year-old group contains the biggest percentage, partly because this group is the one in which defective vision is first completely dealt with. But there is no doubt that the work of the Babies' Welcomes has made itself felt, and the percentage of children found to require treatment would be much reduced if more advantage were taken by parents of the facilities offered at the Infant Welfare Centres.

Wider powers of securing attendance at the Babies' Welcomes might prove a hardship to some parents, but there is no doubt of its beneficial effect on the coming generation.

Summary of Defects Referred for Treatment or Observation — Elementary Schools

DEFECTS	Routine Cases	Special Cases	TOTAL
Tonsils and Adenoids ...	2,758	1,063	3,821
Tuberculosis ...	79	290	378
Skin Disease ...	545	11,874	12,419
External Eye Disease ...	276	1,989	2,265
Vision ...	3,287	4,026	8,213
Ear Disease and Hearing ...	905	1,922	2,827
Dental Defects ...	—	—	24,243
Crippling Defects ...	1,355	1,278	2,633
Other Defects ...	7,712	8,804	16,516

During the period under review, the number of known cases has again shown an increase, totalling 10,138, as compared with 9,807 in 1930. Epidemic
Sickness

Different diseases vary in number as well as in severity in each year. This year 5,195 cases of measles have been notified to us, as compared with 708 in 1930. Diphtheria has dropped from 813 to 701, but the type of the disease has been much more serious, with a markedly higher death rate. I shall have further observations to make on diphtheria later.

Scarlet fever decreased by about 40 per cent., but the fact remains that over 10,000 children have been affected by acute infectious disease during the year.

A complete return of the cases of infectious sickness is obtained from two sources. Each day the Medical Officer of Health sends lists of children having those diseases that are compulsorily notifiable. Such lists are handed to the Attendance Department the same day, so that the officers know at once what children should be kept out of school.

Again teachers and attendance officers, who make returns as to children known to be absent from school on account of infectious sickness, are the chief sources of information about the non-notifiable cases; their lists are also sent daily to the Medical Officer of Health. Thus a complete list is forwarded from the Health Office to the Education Office daily, and vice versa, and the combined lists are about as complete as possible. There is no statutory duty on the part of parents to report cases of sickness to the teacher or the attendance officer, and doctors are not called in at once, if at all, so that the notification is not always as quick as one would like.

It is not every child who is exposed to infection that takes the disease. Most children are protected to some extent by a natural

immunity, or resisting power, which may vary with their own individual state of health or even with their age. There are periodic variations in the virulence of the microbes to which children are exposed, when a child with slight immunity may be struck down.

Partial degrees of natural immunity are due to the invasion of the body by bacteria of lesser virulence, which have not been able to overcome natural defences. The various forms of inoculation for the prevention of disease have for their purpose the raising of this acquired immunity to a relatively high level, so that the child, even when infected with a dangerous organism, will escape, at the worst, with a mild attack.

At the present time, the bacillus of diphtheria has become a very severe and dangerous type. The death rate has increased from about 3 or 4 to 10 per cent., due to the fact that the children affected have not reacted to serum treatment in the same way as they did to the milder type. It is my duty, therefore, to advise the preventive inoculation of children in infancy and early childhood, the testing of the immunity of older children, and subsequent inoculation of those of insufficient immunity.

The diphtheria poison is so altered by chemical treatment that it loses its danger without losing the power of producing immunity. All serum is very carefully tested by the Medical Research Council.

Whatever artificial means of prevention are used at present, or may be used in the future, there must always remain the necessity for careful watch by the parents on the sick child, and for early investigation by the doctor, with careful isolation where necessary.

If these infectious diseases are to be reduced, it is essential that the notification of all infectious diseases should be compulsory, and effective powers given to Local Authorities to deal with parents who expose infected children in public places.

Many cases come to light of children who have had an infectious disease but who have not been sufficiently ill to be kept in bed, with the result that the disease has not been recognised and the child has gone about as usual spreading infection. Again, many children, although excluded from school, are allowed to play about in the streets and mix with the public in conveyances, picture houses, etc. Such cases are a source of danger to the whole community.

No schools have been closed during the year for infectious sickness. The joint memorandum issued by the Ministry of Health and the Board of Education reads as follows—"If there is one general principle more than another upon which this Memorandum lays stress it is that if, during epidemics of infectious disease, the power to exclude individual children from school be used to the best

advantage, it is only in special and quite exceptional circumstances that it will be necessary to close a school in the interests of public health."

Swab Report, 1931

CLINIC	Positive	Negative	Total
Central	1	31	32
Armley	8	25	33
Burley	1	33	34
East Leeds	10	123	133
Edgar Street	12	96	108
Holbeck	1	50	51
Hunslet	3	89	92
Meanwood Road	4	121	125
School Camp	1	86	87
Totals ...	41	654	695

Examination of Hairs in Ringworm Cases (All at own Laboratory)

Positive	Negative	More Hairs required	Total
64	52	46	162

The policy of the Leeds Education Committee is, in the first **Following up** instance, to recommend parents of children found to have defects to obtain medical advice. Such children are reinspected after an interval, and, where treatment has not been obtained, a second and more strongly worded notice is sent to the parents, and their attention is drawn to the facilities provided at the school clinics.

During the year 1931, 61,228 notices have been issued to the parents with regard to defects discovered.

The School Nurses make a systematic examination of all children in attendance at the Elementary Schools twice a year for conditions of cleanliness. Children found to be verminous or to be suffering from a contagious disease are excluded forthwith. The parents are notified of any minor defects discovered, and the children are reinspected at short intervals until the defect is remedied.

The number of children excluded is slightly less than in 1930. This number is a constantly decreasing one, and compares wonderfully well with that of 1913. The exclusions are still mainly due to

the presence of lice in the hair and on the clothing, and this number will be further reduced if the periodic inspections by the nursing staff are maintained. Some children are also excluded because, after repeated notices and a final warning, nits are still present in the hair. Nits are the eggs of lice, so that even if no lice are actually present, there is always the likelihood of the eggs hatching and so infecting other children.

The Nurses attend at the clinics each morning for the treatment of minor ailments, and assist the Medical Officers as required in the inspection and treatment of children at the clinics.

Summary of the Work of School Nurses, 1931

(A) INSPECTION—		1931	(1930)
Number of Visits to School Departments		4,477	(4,980)
Number of Children Examined		85,585	(85,986)
Number of Reinspections		81,642	(83,436)
Number of Defects Discovered—			
Uncleanliness of Head		10,023	(9,975)
Uncleanliness of Body		3,922	(4,883)
Other Defects		3,444	(4,759)
(B) TREATMENT OF MINOR AILMENTS—			
Number of Dressings at Clinics—			
Ringworm of Head		1,551	(2,460)
Ringworm of Body		2,583	(4,433)
Scabies		965	(1,334)
Impetigo		27,230	(30,999)
Other Skin Diseases		70,599	(68,899)
Ear Diseases		24,304	(21,610)
External Eye Diseases		26,073	(26,391)
Other Defects		86,907	(94,131)
		<hr/>	<hr/>
		240,212	(250,257)
		<hr/>	<hr/>
(C) VISITS TO HOMES		2,588	(3,362)
(D) PROPORTION OF TIME GIVEN TO DIFFERENT SECTIONS OF WORK			
		1931	(1930)
		Hours	%
Clinic Work		31,360½	72·8
Examinations in Schools		6,885	16·0
Visits to Homes		1,613¼	3·7
Office Work		3,231½	7·5
		<hr/>	<hr/>
		43,090½	(44,752¼)
		<hr/>	<hr/>

(E) SUMMARY OF THE WORK OF MASSEUSES—

			1931	(1930)
Number of Visits to Homes	...	...	231	(346)
Number of Children Treated	...	...	1,176	(779)
Number of Treatments	...	...	31,366	(32,110)

Minor Ailments—Treatment is carried out either at the Central **Medical Treatment** or one of the eight branch clinics. The branch clinics supply opportunities for certain forms of treatment in the areas which they serve, and cases are referred by the doctors, nurses, teachers, attendance officers, and parents.

The branch clinics are open every morning for the treatment by nurses of such forms of minor treatment as can be undertaken. These consist very largely of external eye diseases, such as blepharitis, ear diseases, i.e. otorrhœa, and the concurrent nose conditions which are so often the cause of running ears; impetigo and other forms of skin disease, and also of minor injuries, such as abrasions, which often tend to become septic. Cleansing of verminous children is also carried out, and many children treated for other conditions.

The experiment made at the Holbeck Clinic of opening the clinic from 4 p.m. to 5 p.m. each day, has helped in meeting the objection of the teachers that attendance at the clinics causes interference with lessons, and consequently it is proposed to extend those afternoon clinics. Thus, only the more serious cases requiring prolonged daily treatment, and children from a distance, will be treated in the mornings, the more trivial cases being treated at the afternoon sessions. This, it is expected, will relieve at least one nurse each morning from each clinic for other important work which needs to be done. No child will suffer by the change, which will make for greater efficiency.

It is still noticeable that many children come to the clinics so dirty that even the slightest scratch becomes septic, and large numbers of attendances would be avoided if better home cleansing could be achieved. The real preventive side of clinic work, to this extent, is not realised.

The total number of attendances for these minor skin diseases was 67,558, made by 9,171 children; over 418 were still in attendance on 31st December. Impetigo is responsible for 19,832 attendances by 1,986 children, and other skin diseases for 15,386 by 2,799 children. There is no doubt that this number would be reduced very largely if soap and water were more freely used in the early stages.

The total number of attendances at the clinics remains practically stationary, and every effort will be made to reduce this number, which represents an average of 3·8 attendances for every one of the 68,000 children on roll.

It is true that, had the malnutrition cases remained stationary, there would have been a further drop of 9,000 attendances. This number comprises attendances of children at the clinics for their daily doses of malt and cod liver oil. Most of this issue is done at the schools.

Besides the morning treatments at the clinics, the doctors attend there on specified days to examine children at the request of parents, teachers, or attendance officers, and to advise how treatment should be obtained.

Refraction of cases of defective vision, dental treatment, and massage are given at all the branch clinics, except at Meanwood Road and at the Middleton Sub-clinic. In the former case, children from most of the schools dealt with can attend the Central Clinic, which, in fact, they do readily. At Middleton the numbers do not seem to me to justify the expense of equipment at present.

At the Central Clinic, very little treatment of minor ailments is done, except for a few ear cases which are under the care of the Aural Surgeon. Here, however, much more specialist work is done.

The Aural Surgeon, Col. A. D. Sharp, attends for two sessions each week; Mr. Daw, the Orthopædic Surgeon, once, to examine children and advise parents on the treatment. The X-ray treatment of ringworm and artificial sunlight, refraction, dental treatment, and massage are also carried out.

Tonsils and Adenoids, Ear Disease and Hearing—The work of the Ear, Nose, and Throat Department continues to develop on sound lines. The Aural Surgeon attends at the Central Clinic regularly, and at the Blenheim Walk Home as required. Cases are referred to him for advice by the School Medical Officers, and minor treatment recommended is carried out by the nurses at the branch clinics.

Arrangements exist with the Leeds Public Dispensary, whereby operative treatment is carried out there. The Education Committee pay a capitation fee to the institution, but parents contribute to the cost incurred according to the approved scale.

Summary of Ear, Nose, and Throat Work, 1931

	Ear	Tonsils and Adenoids	Other Nose and Throat Defects	TOTAL
Number of cases of Nose and Throat Defects referred by the School Medical Officers for treatment ...	2,601	2,460	2,445	7,506
Number of cases which have received operative treatment—				
By the School Medical Service	3	425	19	447
By General Practitioner or Local Hospitals	50	1,373	157	1,580
Other Forms of Treatment—				
By the School Medical Service ...	1,806	328	916	3,080
By General Practitioners, Local Hospitals, or otherwise ...	603	516	818	1,937
TOTAL TREATED ...	2,462	2,642	1,940	7,044
No. of cases examined by Mr. Sharp	108	745	506	1,449
No. referred for Operative Treatment	6	634	33	673
No. of cases accepting treatment ...	5	432	24	461
No. of cases actually treated ...	3	425	19	447

During the year 1931, 673 children were recommended operative treatment by Mr. Sharp, of whom the parents of 461 accepted and signed for treatment under the Committee's scheme. Some cases were still outstanding on the 31st December, but will be dealt with as vacant beds permit.

Both the General Infirmary and the Public Dispensary have been good enough to furnish us with the numbers of children of school age dealt with during the year, and these figures are shown in the summary.

The number of cases actually receiving operative treatment under the scheme during the year was 447; 53 were on the waiting list on the 31st December and 19 cases failed to present themselves for admission when requested. There were 98 "free" cases during the year as compared with 38 in 1930.

The amount received from parents is not so large as it was in 1930, but a considerable sum was outstanding at the end of 1931.

The cases under the two sub-heads—

- (1) Tonsils and Adenoids;
- (2) Ear Disease and Hearing;

are dealt with together, the clinical connection between the two being too frequent to admit of separation. Further, one of the most fruitful causes of both, namely nasal obstruction in some form or

another, does not appear in the official returns, unless that obstruction is due to adenoids.

In children, snoring generally means adenoids, with or without enlarged tonsils, but, as the accompanying table shows, there are other forms of nasal obstruction, such as deflection of the septum, or overgrowth of the turbinate bones with their covering of mucous membrane, both of which are not infrequently overlooked in the ordinary routine of general practice.

I have analysed below a series of cases seen by Mr. Sharp; 568 records being taken at random from the files.

This analysis shows the distribution of the varying conditions which call for operative treatment.

(a) Tonsils and/or Adenoids ...	...	...	...	...	269
+Aural polypi ...	...	...	...	...	2
+Otitis ...	...	...	...	...	11
+Sinusitis ...	...	...	...	...	13
+Nose block ...	...	...	...	...	31
(b) Nose block (hypertrophic rhinitis) ...	...	...	...	...	58
Rhinitis ...	...	...	...	...	77
Deviated Septum ...	...	...	...	...	27
Sinusitis ...	...	...	...	...	31
(c) Nose block+Otitis ...	...	...	...	...	16
Rhinitis+Otitis ...	...	...	...	...	5
(d) Otitis ...	...	...	...	...	25
Aural polypi ...	...	...	...	...	3

Mr. Sharp has done excellent pioneer work in insisting upon the importance of Nasal Hygiene, by blowing and douching the nose with warm weak salt water.

Such treatment on thousands of children has produced beneficial results. Furthermore, perseverance in the treatment will often render unnecessary the usual tonsils and adenoid operation.

There is no part of the human body which is more neglected than the nose, and I am convinced that this neglect accounts for a great deal of chest and ear ailments, for most of the frequent colds and for many of the debilities in children.

Tuberculosis—The School Medical Officers do not diagnose cases of tuberculosis. Any suspected cases coming to their notice are referred to the Tuberculosis Dispensary.

The Tuberculosis Officer furnishes to the School Medical Service in each case a report giving the diagnosis and recommendation for treatment or ability to attend school. Any treatment necessary for tuberculosis is the responsibility of the Tuberculosis Dispensary.

Thanks are due to Dr. Fattersall and his staff at the Tuberculosis Dispensary, for their valuable help and close co-operation. As a result, there is only one system of classification in the city.

Skin Diseases—The number of cases of ringworm of the scalp treated was only 45 and shows a marked drop from some years ago.

Whilst a few cases have proved very refractory to treatment, one taking well over a hundred days, the vast majority are returned to school in 28 days. One or two unnoticed cases would soon begin an epidemic, and constant care has to be taken over suspected cases.

Pathological examination of hairs has been undertaken by the staff in 116 cases, of whom 64 proved to have the disease. Not all these cases have received X-ray treatment, but the period of exclusion of children for whom such treatment is not accepted is very much longer.

A more rapid method of diagnosis by means of Wood's glass is very valuable in the most common form of ringworm, and is being used now in all cases before hairs are removed for microscopical examination.

There has been most kindly co-operation by the Skin Department at the Infirmary.

A few cases of scabies have been treated at branch clinics, where baths are available, but this practice should not be encouraged, as it means taking a nurse off other work of more general importance, and can only be justified where there are four or five children to be dealt with at one session.

External Eye Diseases—External eye diseases are again responsible for over 25,000 attendances at the clinics by about 2,000 children.

Some of these conditions require two or three attendances only, but there are many children whose attendances are spread over long periods with frequent recurrence. Chronic blepharitis is the most intractable of these diseases, whilst corneal ulcers and conjunctivitis usually yield to treatment, especially if shades are worn regularly when prescribed. Parents do not co-operate as freely as one could wish in this respect, but absolute rest of the eyes is of paramount importance.

Defective Vision—Provision is made for the treatment of children suffering from defective vision at the Central Clinic, and at six of the branch clinics.

The treatment is carried out by the Assistant School Medical Officers, all of whom have been approved by the Board of Education for this special branch of the work. Difficult cases are referred to a specialist for a further opinion.

For many years Dr. Hopton has attended at the Central Clinic on five half-days each week in the capacity of consultant, and has also dealt with cases from the central area. Owing to illness he has been absent for over a year, and does not desire to undertake any refraction or other work at the present.

It is suggested that a consultant might be engaged on one half-day a week to advise on difficult cases, such consultant to be the Certifying Officer under the Blind Persons Act, and that all ordinary cases should be dealt with by the Assistant School Medical Officers.

The cases are reported by School Medical Officers, Nurses, Teachers, and Enquiry Officers and, in order to avoid duplication, it has been necessary to set up a clearing house at the Central Office where all arrangements for refraction are made.

Children who are reported to suffer from defective vision and who fail to obtain satisfactory treatment, are excluded from school on the ground that they are incapable of deriving proper benefit from the instruction, and proceedings are taken against the parents.

It is estimated that 20 per cent. of the spectacles supplied are lost or broken within three months, and, in order to ensure that the spectacles are replaced, a systematic scheme of "following up" has been established. This has only been possible by the co-operation of the teachers who are notified of children who should wear glasses, and are authorised to send home those who attend school without them.

During 1931, 2,229 cases were reported by the School Medical Officers at the routine inspection as requiring treatment. This represents an incidence of about 16.6 per cent. In addition, other cases were reported by doctors, teachers, nurses, and parents; 64 children obtained treatment at local hospitals or by private practitioners, 4,513 children have been examined by the School Medical Staff, and 3,839 were given prescriptions for spectacles. Allowing for breakages and alterations, 4,618 children received glasses under our scheme in the period. Treatment other than

glasses was recommended in 186 cases, while no treatment was necessary in 434 cases.

In 1,907 cases the full cost was paid by the parents. Payments by instalments were accepted in 1,335 cases and 123 pairs were supplied free of charge in necessitous cases. The number of half-days spent by the School Medical Officers in refraction work during the year was 742.

The most pressing problem is that of myopia or short sight. This, as a rule, is a progressive condition, and is often a serious problem affecting employment. The rate of educational progress is necessarily slower in a myopic than in an ordinary class; thus it is frequently difficult to decide whether to attempt to preserve the child's eyesight at the expense, to some extent, of his education, or to run some risk to enable him to make the best of his educational chances. In either case, the child will have some degree of handicap in after life. There can be no doubt that the normal school is to be preferred, whenever it is possible.

Attempts must be made to discover myopia in earlier years, and to make careful observation on the cases so found.

In this connection the recommendations of the Committee of Enquiry into Problems connected with Defective Vision in School Children were adopted by Dr. Wear at once. Nurses were supplied with the necessary appliances and instructed to spend all available time in school to make a test of the vision of all children of between seven and eight, thus beginning systematic investigation a year earlier than was done before. As a result, out of 4,822 children tested, 480, or 10 per cent., have already been found by ordinary methods to require refraction, and an additional 905, or 18·7 per cent., by the special method advocated by the Commission. But, even yet, some method must be found of finding children with defective vision still earlier. It is no good waiting until we can get the child to sound the particular letter pointed out on the test card.

The instructions to teachers state that children under six need not have their eyes tested. Only two deductions are possible—either that the eyesight of children under six is very seldom at fault, or that it is not possible to test children at this age.

With the idea of investigating this point, the co-operation of the Inspectors was invited in devising and carrying out a test to discover at what age a child may be expected to recognise the "form" of a letter, even if he does not know its name; 750 children in four groups, 4-4½, 4½-5, 5-5½, 5½-6 years, were tested in eight schools of every possible type.

The percentage of children getting full marks in each half-year of age was—

Age Group	Percentage
4 — $4\frac{1}{2}$	60·6
$4\frac{1}{2}$ — 5	85·7
5 — $5\frac{1}{2}$	91·9
$5\frac{1}{2}$ — 6	95·1

The Inspectors remark that “it must be remembered that the children were tested in groups of 12; taken individually, it is probable that most children of $4\frac{1}{2}$ years would do the test correctly.”

The Inspectors have produced a very interesting report on a subject on which I can find no evidence of previous investigation.

Thus, it would seem that methods could be devised of testing the eyesight of children at from $4\frac{1}{2}$ to 5 years, and investigation will be pursued on these lines during the next years, if opportunity permits. The sooner a short-sighted child wears spectacles the better.

Dr. Bebb, Dr. Willcock, and Dr. Wood have carefully investigated the records of myopes who have been refracted on two or more occasions, with a view of finding whether or not myopia increases year by year, in spite of children wearing glasses.

They report as follows—

“An attempt has been made to ascertain the progress of cases of myopia by an examination of the records of cases refracted at the clinics during the past few years. Only those cases which have been refracted at least twice have been noted, and cases in which there was astigmatism of 1·0 D or more have been ignored.

The records of 670 children have been examined. Of these, 50·1 per cent. were boys and 49·9 per cent. girls. The average annual rate of increase of myopia in all the cases taken together was for the right eye ·45 and for the left eye ·47 over the period covered by the records of each case.

The general impression obtained from the examination of the records has been that the myopia tends to increase in spite of correction by glasses, but that the increase is not uniform. In a number of cases which have been examined several times at regular intervals it has been noticed that for one year the eyes might show little change or remain stationary, while for the next year the increase might be considerable in one or both eyes.

Six cases have definitely not worn their glasses and the average increase per annum in the myopia was, Right ·4; Left ·4; but the number of these cases is too small for any deductions to be made as to any preventative value of the wearing of glasses.”

The increase during different age periods was as follows

Age	No. of Eyes		Average Rate of Increase		No. of Eyes showing no change	
	R	L	R	L	R	L
6-7 ...	38	30	51 D	45 D	6	5
7-8 ...	77	76	51 D	55 D	14	10
8-9 ...	177	178	49 D	53 D	25	27
9-10 ...	349	349	46 D	49 D	55	58
10-11 ...	340	341	45 D	47 D	51	56
11-12 ...	299	296	44 D	44 D	41	43
12-13 ...	226	227	43 D	44 D	45	35
13-14 ...	83	82	32 D	34 D	24	19
14 and over ...	11	10	31 D	43 D	4	

Dental—The following is a summary of the work of the school dental service for 1931—

	Number Examined	Number Referred for Treatment	Number Accepting Treatment	Per cent.	*Number Actually Treated	Per cent.
Elementary Schools ...	37,432 (41,343)	24,243 (26,811)	21,132 (21,701)	87.2 (80.9)	20,449 (19,049)	84.3 (71.0)
Secondary Schools ...	3,980 (3,873)	2,065 (2,393)	375 (335)	14.1 (14.0)	340 (396)	12.8 (16.5)
TOTAL ...	41,412 (45,216)	26,908 (29,204)	21,507 (22,036)	79.9 (75.5)	20,789 (19,445)	77.3 (66.6)

The figures in brackets represent the corresponding totals for 1930.

* This figure includes 6,854 children treated as "casuals" in 1931, as compared with 6,418 in 1930.

As pointed out in the report for 1930, it is not possible with the present staff to carry out the scheme of the Committee which provides for an annual inspection of all children six years of age or over attending the elementary and secondary schools of the city. This is due chiefly to the increasing number of children who take advantage of the scheme provided.

In 1925, in which year there were six full-time dental officers, 61,931 children were examined, and of this number 20,377 actually attended the clinics for treatment. In 1931, it has been possible to examine only 41,412 children, but of this number 20,789 actually attended the clinics for treatment.

The interval between the inspection of each child is now about 18 months instead of 12 and the longer the interval the greater

is the amount of treatment found to be necessary. Consequently, the position will gradually become worse unless additional staff is appointed or an application is made to the Board of Education to modify the present scheme.

The difference between the number of children treated at the clinics from Elementary and Secondary Schools is accounted for mainly by the fact that the majority of pupils in Secondary Schools obtain private treatment, also by the fact that they are charged 5s. for treatment at the clinics (this fee is excused by the Committee in necessitous cases). No definite charge is made for treatment of children from Elementary Schools, but parents are asked to contribute on a voluntary basis towards the cost.

Certain facts are outstanding. Firstly, that 13 per cent. more children were treated in 1931 than in 1930. Secondly, that the amount of casual treatment is still enormous and disturbing.

The dental officers are unanimous in their views that about half the children who attend as casuels are under six, and they view with dismay the number of the earliest permanent teeth—"the six year old molars"—that they are compelled to extract. Even children of 3-4 years are presented at the clinics needing extraction.

It is not generally understood that the first or "milk" teeth are only 20 in number, and that these are the only teeth that are replaced—any over this number belong to the permanent set. Parents do not realise that the six-year old molar is a permanent tooth, and it is sad that so many of these teeth are sacrificed because of neglect to obtain early treatment. Further, the casuels consist of large numbers of children who have been recommended for treatment—in some cases twice or even three times previously—and where fillings would have sufficed, extractions are now necessary.

Notwithstanding propaganda by the dentists and teachers, it is the unanimous opinion of the dental officers that parents are still prejudiced against fillings—in fact, some of them believe they are positively harmful. They are quite prepared to sacrifice all the six-year old molars and leave the child to nibble with its front teeth. It is indeed most difficult to make them realise that a child's chewing apparatus must be preserved intact to obtain full benefit from food and so maintain physical efficiency.

Others yield to their children's objections to fillings; while a third class of parents, convinced that the teeth suggested for filling are first teeth and will soon fall out, cannot be persuaded that such is not the case.

No scheme of dentistry amongst children will ever progress one inch towards the ideal where the six-year old molars are not saved. They are the foundation and key of all our work. One of the dental officers makes a suggestion that a tooth powder, to be known as "School Tooth Powder," be prescribed and the chemists of the city be asked to co-operate by selling small quantities as cheaply as possible.

There is no doubt that there is still a vast amount of work to be done before we can claim that our children leave school "dentally fit" and the health of the next generation will be far better if parents will realise the necessity for early and complete dental treatment.

Six of the branch clinics and the Central Clinic are equipped for dealing with crippling defects by medical electricity, massage, and remedial exercises, which are carried out by four fully trained masseuses.

**Crippling
Defects**

Arrangements have been made with the Leeds General Infirmary for operative treatment. The Education Committee pay at the rate of £120 a bed per annum for the actual period of usage.

Children recommended for prolonged hospital treatment are sent to the Marguerite Home or the Kirby Moorside Hospital.

Mr. S. Daw, M.B., B.S., F.R.C.S., is the Consulting Orthopædic Surgeon, and he attends at the Central Clinic, and at the Potternewton School for Physically Defective Children, as may be necessary.

The scheme was first introduced in 1926, and the following is a summary of the work done.

	In 1931	Since Inception of Scheme
Number of children examined by the Orthopædic Surgeon—		
New cases	295	1,932
Reinspections	757	2,696
Number of children recommended for—		
(a) Operative treatment	72	472
(b) Surgical appliances	287	991
(c) Remedial treatment	283	974
Number of children who have been treated under the Committee's scheme—		
(a) Operative treatment	37	240
(b) Surgical appliances	279	942
(c) Remedial treatment	275	953
Number of cases sent to country hospitals	4	48
There are three children still in country hospitals.		

There is close co-operation with the Orthopædic Department of the Leeds General Infirmary, and it is now the practice for all children to be first seen by Mr. Daw at the School Clinic. The question of subsequent treatment is left to the discretion of the parents.

Mr. Daw also acts as Orthopædic Surgeon for the Maternity and Child Welfare Committee, and records of all children passing from that department into school are sent to the School Medical Service, thus securing continuity of records and treatment.

Mr. Daw reports as follows—

“Treatment of orthopædic cases during 1931 has proceeded on what are now established lines. A good feature is the marked reduction in the total number under treatment. This is an indication that there is, on the whole, a good grip of the problem of the orthopædic treatment of school children.

A special tribute is due to the keenness of the School Medical Officers, in detecting the earlier signs of deformity, and in sending the cases for inspection at a stage at which threatened greater deformity may be prevented.

One cannot consider the work of this department without referring to the excellent preliminary work of the Infant Welfare Clinics. In these, patients are dealt with almost from the time of birth, and very frequently the case may be cured before it has reached school age. If the attendance at the Infant Welfare Clinics were compulsory, the net would be drawn even tighter, and very few cases would escape early attention.

Returning to the subject of School Clinics, it would seem that the interval of three months between inspections is quite short enough for the great majority of cases. Those with any aspect of urgency are seen more frequently, according to the apparent requirements of the case.

The general treatment by massage, exercises, etc., is being carried out satisfactorily, but in certain clinics there is far too long a waiting list before treatment prescribed is begun.”

The work of the masseuses has been reorganised, and as a result the list of waiting cases has now been considerably reduced and no child is without treatment for any length of time.

The number of children treated at the clinics by masseuses was 453, who made 14,178 attendances.

The defects treated were—

Rickets	...	...	...	...	174 children
Infantile paralysis		...	...	57	„
Spinal curvature	...	...	...	57	„
Other deformities		...	...	165	„

Invalid Chairs, etc.—In connection with the fund, which was raised by Dr. Wear, there are now in hand, two spinal carriages, three invalid chairs, and four push chairs.

When the accounts were last published, there was a credit balance of £1 5s. 10d. Repairs to chairs have cost £1 5s. 0d., and there is now a balance in hand of 10d.

Artificial Sunlight Treatment—Dr. Wood reports—

“An examination of the figures dealing with the results of treatment by Ultra-violet light will again show how disappointing the effect has been.

A large majority has shown improvement both in weight and height but this is, of course, to be expected in all children irrespective of any treatment and may actually be less, equal to, or greater than normal.

Under the other headings of the table it is found that many more show ‘no change’ than show ‘improvement.’ It seems probable that equally good, or even better, results are obtained by treatment with Malt and Cod Liver Oil.

There is no doubt, however, that Ultra-violet Rays are a definite preventive of and cure for rickets; but unfortunately in the cases of this disease, which we treat, the deformity is so well established on account of the children’s age, that little improvement is to be expected in the bent bones. The Ultra-violet Ray treatment administered by the “Welcomes” can and no doubt does have a great effect in preventing and curing rickets in the younger children.

Some cases of rheumatism seem to be freed from pain during the course but this pain soon returns afterwards unless the child is having Cod Liver Oil in some form.”

Sunlight Treatment, 1931

	Children having Ultra-violet Rays only	Children having Ultra-violet Rays plus other Treatment (i.e. Malt and Cod Liver Oil, etc.)
Showing Improvement	11	16
Showing No Change ...	32	34
Showing Retrogression	4	2
No Report given ...	5	3
TOTAL	52	55

Sunlight Treatment Analysis, 1931

NUMBER OF CHILDREN TREATED—47 BOYS, 60 GIRLS; 107 TOTAL

	NUMBER OF CHILDREN											
	SHOWING IMPROVEMENT			SHOWING NO CHANGE			SHOWING RETROGRESSION			NOT REPORTED ON		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Weight	41	56	97	4	2	6	2	2	4	—	—	—
Height... ..	43	53	96	3	6	9	—	—	—	1	1	2
<i>Teachers' Views—</i>												
Mental Condition ...	4	4	8	34	43	77	1	6	7	8	7	15
Physical Condition	9	8	17	28	41	69	1	3	4	9	8	17
<i>Parents' Views—</i>												
Sleep	7	6	13	33	41	74	—	—	—	7	13	20
Appetite	15	17	32	24	32	56	1	—	1	7	11	18
Energy	10	11	21	30	35	65	—	1	1	7	13	20
General Conclusions	5	14	19	34	34	68	1	3	4	7	9	16
<i>Doctors' Conclusions—</i>												
General Condition	5	23	28	25	22	47	14	12	26	3	3	6
Special Condition for which treated ...	11	16	27	29	37	66	3	3	6	4	4	8

Table showing Effect of Artificial Sunlight Treatment on Certain Diseases or Defects, 1931

DISEASE OR DEFECT	No. of Cases	NUMBER SHOWING IMPROVEMENT		NUMBER SHOWING NO CHANGE		NUMBER SHOWING RETROGRESSION		NO REPORT GIVEN	
		*Having Other Treatment in Addition to Artificial Sunlight	Artificial Sunlight only	Other Treatment plus Artificial Sunlight	Artificial Sunlight only	Other Treatment plus Artificial Sunlight	Artificial Sunlight only	Other Treatment plus Artificial Sunlight	Artificial Sunlight only
Rickets ...	29 (2)	6 (2)	1 —	14 —	5 —	— —	2 —	— —	1 —
Rheumatism	20 (4)	3 (1)	4 (1)	2 —	8 (1)	— —	1 —	— —	2 (1)
Malnutrition...	17 (8)	— —	— —	5 (3)	8 (3)	2 —	1 (1)	1 (1)	— —
Bronchitis ...	10 (3)	3 (2)	2 —	4 (1)	— —	— —	— —	1 —	— —
Debility ...	7 —	1 —	1 —	2 —	— —	— —	— —	1 —	1 —
Anæmia ...	6 (3)	— —	— —	1 —	5 (3)	— —	— —	— —	— —
Enlarged Glands ...	4 (2)	1 —	1 —	1 (1)	1 (1)	— —	— —	— —	— —
Miscellaneous	14 (3)	2 (1)	2 —	5 (2)	4 —	— —	— —	— —	1 —
	107 (25)	16 (6)	11 (1)	34 (7)	32 (8)	2 —	4 (1)	3 (1)	5 (1)

*Other treatment means in practically every case either Malt and Cod Liver Oil, Radio Malt or similar "foods."

The figures in brackets represent the number who had two or more courses of treatment.

Heart Disease—There are to be found in the schools many children suffering from heart disease. Instructions are given that such children should not take part in physical exercises or organised games, and every care is taken during school life to see that further risk to an already damaged heart is minimised. Many of these children are unsuitable for occupations under the Factory Acts, and are dealt with as sub-normal children, as their chances in life, both as to length and utility, are considerably reduced.

Some children are born with heart disease, but by far the greater proportion of cases of heart disease is acquired from that most insidious and destructive condition known as rheumatic fever, or, as better known to the medical profession, acute rheumatism. This condition shows itself in many different ways. The very common complaint of "Growing Pains" is definitely a manifestation of rheumatism, and many children are found later in life with heart disease, for which these early aches and pains are the only evidence. Recurrent attacks of sore throat, chorea, as it is more commonly called, St. Vitus' Dance, and other manifestations are just as likely to produce heart disease as the condition which is described as rheumatic fever. Certain cases also follow on scarlet fever, but it is a matter of much argument whether there is not a double infection in these cases. There is no doubt that the unhealthy condition of the throat is a very important factor in the causation of heart affections.

Heredity also plays a part, but Dr. F. J. Poynton found that sore throats, cold, and damp were prominent features in 104 out of 200 cases. Whilst it is impossible to say that all the cases of heart disease that are found at medical inspection are organic—in other words permanent—it is at least noteworthy that there are nearly as many children in Leeds with heart disease as there are physical cripples—namely, 380 to 384. Of these 380, probably the vast majority will suffer some diminution of usefulness in after life, the degree varying in every individual case.

Rheumatic heart disease ought to be preventable, but this means that the parents must have a greater knowledge of the earlier symptoms and take every care that the conditions causing heart damage are treated both early and completely. For when the condition is established, there is little hope of complete recovery.

Even amongst the children suffering from permanent heart disease, there is a great variation both in degree and from time to time. In some cases the condition is so severe as to render complete absence from school necessary; in others, a temporary rest will restore the heart to its greatest efficiency compatible with the damage done.

With the idea of affording this temporary rest, arrangements were made with the Meanwood Convalescent Home and, since January 1931, 51 cases of heart disease have been admitted. Dr. C. W. Vining's report is herewith submitted—

“During the past year 15 beds have been available at Meanwood for children suffering from acquired rheumatic heart disease. The present moment is an opportune one briefly to refer to the problem of the rheumatic heart case, and to define, as exactly and as practically as possible, the objects aimed at in providing these beds.

Possibly the most urgent public health problem of to-day is the prevention of rheumatism of the child and rheumatic heart disease. The majority of all cases of cardiac disease at all ages is caused by rheumatism and the earliest stages of heart disease are established in the majority of individuals before the age of 15 years. The age period 7 to 10 is especially important.

If we could prevent the rheumatic disease of childhood, we should undoubtedly prevent a very large amount of cardiac crippling and disease in people at all ages. This happy state of affairs has not been reached, and it may not be reached for many years to come. In the meantime it should be our aim to do all we can to prevent cardiac disease becoming permanently established in those children who suffer from rheumatism. Can we do this? To some limited extent it is undoubtedly possible. If we are to meet with any success at all, two things are very essential. Firstly, those children with the earliest signs of cardiac disease must be hunted for and identified, and, when found, they must be given prolonged rest under the very best conditions. These are the cases which deserve the sympathetic help of the Leeds Education Committee.

To make these points more clear, a classification of rheumatic children will possibly be helpful.

- (1) Children acutely ill with rheumatic fever or acute chorea with or without rheumatic heart disease. These are, for the time being, cases for the private doctors and hospitals. They are temporarily unfit for any form of school or education.
- (2) Children with established heart disease with efficient muscular compensation. These children, while requiring medical supervision by the private doctor or School Medical Officer, are usually fit for school and may live a normal life with certain reservations as regards games, drill, or exercise generally. Some of these children would undoubtedly be very suitable for Lawns House School.

- (3) Children with established heart disease suffering with temporary or more or less permanent cardiac breakdown with loss of compensation. Such children are cases for the private doctors and hospitals and are temporarily or permanently unfit for school of any type.
- (4) Children who have previously been in class (1) or children who have, within recent weeks or months, suffered from their first or second attack of rheumatism of a milder and more insidious type and who have quite recently developed signs of valvular affection of the heart. These are the children to concentrate upon very specially and who require energetic hunting for and who are urgently in need of care and supervision such as is offered by the 15 beds at Meanwood. They are not ill children in the full sense of the word and while requiring prolonged rest and close medical and nursing supervision followed by graduated exercise, they are at the same time very suitable for some form of education. It is a great mistake to keep "well" children of school age in bed for long periods of time with nothing to do mentally, and there is no reason at all why their education should not be continued during this very important period of cardiac convalescence.

During the past year 50 children have been sent to Meanwood. Of these children at least 20 have really been unsuitable for Meanwood because they have belonged to one of the first three classes mentioned. The reasons for this are clear. The chief object of the Meanwood beds has not been clearly understood or the class (4) children have not been available because they are difficult to get hold of as they do not come in contact with the School Medical Officers early enough.

I would suggest that a very complete register be kept of those children out of school by reason of some form of rheumatic affection, and that these children be examined by someone made responsible before being allowed to resume normal school life. In this way, the early heart cases would be brought to light, and the Meanwood beds be kept filled with the cases most likely to receive permanent benefit.

In conclusion I would like to add that, in my opinion, the whole problem of rheumatism in childhood can largely be met by the School Medical Service of this country. The future of the prevention of the disease is in their hands."

I suggest that Dr. Vining's remarks should receive the careful consideration of the Committee at a favourable time.

The cases that he desires to advocate are not suitable for Lawns House. They are not often seen by the School Medical Officers, as in their earlier and curable stages they are absent from school, and are chiefly seen either by the general practitioners or in the out-patients' departments of the local hospitals. They are cases that require treatment extending over a period of several months, some part of which will be spent in bed completely. Later on, when they are able to be up and about for most of the day, they will go to Lawns House. But there is an intervening period for which neither place is suitable; for example, when a child is able to be out of bed for only 2-3 hours a day, but when some exercise is essential and some form of mental employment is necessary, in order that the child shall not become a chronic invalid from the very lack of desire to be otherwise. This is the important period to which Dr. Vining refers.

Stammering Children—During 1931, a start was made with this very difficult and distressing problem.

There are two varieties of the condition, called Stammering and Stuttering, respectively. Stuttering consists in reiteration of the initial consonants or syllables in words, whilst stammering consists in arrest of utterance due to spasm and inco-ordination of the muscles concerned in the production of speech.

There is no essential difference—inco-ordination is present in both—but spasm is more marked in stammering than in stuttering, which is the less common of the two and the more amenable to treatment by breathing exercises. Inco-ordination may exist between the muscles used in the act of speech or those used in the act of breathing, or both, and thus prevent the equable flow of vowels and consonants.

Each individual sound is produced in a different way; the vowel sounds are produced in the larynx by vibrations of the true vocal cords, whilst consonants are produced by interruption of the air current in some part above the larynx.

Bearing these facts in mind, it is easy as a rule to ascertain which part of the speech mechanism is at fault. The child does not know that consonants are formed within the oral cavity and vowels within the larynx, or that clear articulation depends on harmonious action between the vocalising organs and those of articulation. Neither is he aware that consonants are merely interpolations into vocalised sounds. He therefore makes great efforts to pronounce the consonants without the accompanying vowel sounds. He

devotes his energy to the oral mechanism of speech, the laryngeal and inspiratory mechanism are ignored, and he attempts to speak when breathless or without taking breath.

Stammering is, generally, a functional disorder and is often associated with other functional troubles, an offspring of the neurotic temperament. Any emotional stress, or any lowering of the general health, may predispose to stammering, while any mouth or nose block (such as Tonsils and Adenoids) which interferes with respiration, may be responsible. Most of the functional cases should be cured, but, if the cause be of organic origin, the outlook is not so good.

The method of instruction used is a modified form of the Berquand method and includes exercises in breathing and articulation, reading, recitation, etc.

The syllabus is so graded that the children practically build up their speech again from the elementary sounds.

Stammering being generally recognised as a nervous disorder and not a speech defect, the exercises are given with the idea of showing the children that it is possible for them to speak normally. Ease of mind and body, and absence of worry or strain are necessary factors. Periods of relaxation and quiet are essential, and such things as teasing absolutely eliminated.

During the year two such classes have been held in Leeds, the first at the School for Deaf during the summer term, the second at Dewsbury Road Council School for the Holbeck and Hunslet areas during the Christmas term. The children who have completed a course in these classes are seen at intervals in order that their progress may be noted and retrogression avoided.

In addition, a new class commenced in January at the Castleton School for the Armley and Wortley areas.

The children are selected by Mr. Sharp, the Aural Specialist, and Mr. Nettleton, a member of the staff of the Deaf School, is the teacher. He has already obtained the following results—

Class			Cured	Greatly Improved	Little Improvement
Blenheim	...	...	4	6	1
Dewsbury Road	...	...	6	7	1

The co-operation of the parents is asked for from the moment the child joins the class, and instructions are given them how to help.

Teachers of the children concerned are also notified, and a very large number has visited the classes so that continuity of action on return to normal schools is assured. Without such continuity, failure would be almost universal.

In my opinion, the experiment has justified itself, and the children are unanimous as to the beneficial effect of the course, both at home and at school. In a word, their outlook is brighter and happier.

Open Air Education

It is gratifying to note that teachers make every effort to hold classes in the open air whenever possible and take full advantage of the provision in the Code to arrange school journeys. Use is made of the parks by schools which are conveniently situated and the new schools are built on open-air lines.

The School Camp was open for 19 weeks, the number of children sent was 2,419, and about 10 per cent. were awarded "free" places.

All children were examined as to "fitness" before proceeding to camp and special care taken to ensure personal cleanliness.

A member of the nursing staff was always in residence to attend to minor injuries and ailments, and in a few cases it was necessary to secure the services of a local medical man. Three of the cases, unfortunately, proved to be diphtheria, but, owing to the prompt action taken, no known cases of further infection occurred.

The Open Air School at Lawns House will be ready for occupation very shortly. Constructed on the most modern lines, this should prove a great asset to the health of the city.

Parents should realise that it is a privilege to have a child there, and should be advised to co-operate with the staff to the utmost degree. The rules and regulations required will have to be kept, especially as regards cleanliness.

If the citizens of Leeds realise their opportunities, Lawns House will be a blessing indeed.

Provision of Meals

There has been no change in the method of carrying out the feeding of necessitous children. The meals are prepared at a central kitchen and distributed to nine branch feeding centres by means of motor cars.

Where it is either impracticable or uneconomical to establish a branch feeding centre, special arrangements are made with a private caterer, or dinners provided at the domestic subjects centres by arrangement with the Organiser of Instruction in Domestic Subjects.

In many instances necessitous children who, in the opinion of the School Medical Officer, are suffering from malnutrition, are catered for at the domestic subjects centres where special food to meet the needs of each individual case is supplied. In all such cases remarkably successful results have been obtained, and in this connection the willing and excellent work of the teachers is to be commended.

Each Special School is provided with a kitchen and hot dinners are supplied to necessitous children free of charge, and to other scholars on payment.

During the year ended 31st December 1931, 304,975 meals have been provided, as compared with 216,929 in 1930 and 173,556 in 1929. Of these, 276,699 have been supplied from the central kitchen; 17,892 at Special Schools; and 10,384 at special centres including 4,644 at domestic subjects centres.

The dietary is approved by the School Medical Officer, who visits the schools and centres from time to time.

Malt and Cod Liver Oil—Extract of Malt and Cod Liver Oil is supplied to the school children on the recommendation of the School Medical Officers. During the year 1931, 7,893 lb. have been supplied.

The Malt and Oil is issued at the clinics at 9 a.m. and 4 p.m. to children attending schools in the neighbourhoods. In the case of distant schools, Malt and Oil is given by the teachers in the schools.

During the year ended 31st December 1931, 2,077,738 bottles **Supply of Milk** of milk were supplied as compared with 2,149,336 bottles during the year ended 31st December 1930. 301,450 bottles were supplied free of charge to necessitous children as compared with 187,005 in 1930. The total cost of the milk supplied during 1931 was £8,657 4s. 10d.; of this amount £7,401 4s. was contributed by the parents, and the cost to the Committee for the milk supplied to necessitous children was £1,256 0s. 10d.

Average Heights and Weights of Children who have taken Milk continuously for six months or more

Age	CHILDREN HAVING MILK CONTINUOUSLY SIX MONTHS OR MORE			AVERAGE FOR ALL LEEDS ELEMENTARY SCHOOL CHILDREN 1928*		
	No.	Average Height inches	Average Weight lb.	No.	Average Height inches	Average Weight lb.
3—Boys	36	37·1	33·5	627	37·1	33·3
	29	37·1	33·8	592	36·6	32·1
4—Boys	133	40·0	38·2	1,252	39·2	36·9
	159	39·5	37·1	1,111	38·9	35·4
5—Boys	395	42·0	41·4	1,896	41·4	39·7
	388	41·6	40·5	1,915	41·0	38·5
6—Boys	456	44·1	46·3	506	43·5	43·4
	466	44·1	44·8	510	43·3	41·9
7—Boys	377	46·5	50·8	261	46·1	48·3
	431	46·0	48·8	261	45·8	47·4
8—Boys	372	48·4	55·1	3,662	48·0	53·4
	353	48·1	53·8	3,446	47·7	51·2
9—Boys	285	50·4	60·9	456	49·1	59·2
	382	50·0	58·9	449	48·7	54·2
10—Boys	327	52·1	65·0	88	52·2	64·8
	381	52·2	63·9	72	51·8	62·1
11—Boys	256	53·8	70·0	94	53·6	68·8
	391	53·8	69·4	79	54·0	68·4
12—Boys	139	55·2	74·3	2,656	55·0	74·5
	174	55·5	75·6	2,644	55·5	76·3
13—Boys	106	57·0	83·3	464	55·7	78·6
	98	57·6	82·3	498	57·2	81·9
14—Boys	5	59·8	95·2	22	58·3	87·9
	7	57·7	90·9	16	59·8	90·3

*The year before Milk was introduced.

The table shows a definite improvement in the physique of the children who take advantage of the milk scheme, as compared with that of 1928, which was the last year before the scheme was started.

No comparative figures of children who do not take milk are available, and it is safe to say that the ascertained improvement in weight of the children of the city as a whole, is largely due to the marked gains of those who have had their daily ration of milk.

Co-operation of Parents

Parents now appreciate to a much greater extent than previously the value of a thorough medical overhaul of their children periodically by the School Medical Officers.

During 1931, 77·2 per cent. of parents were present at the examinations, as compared with 59·6 per cent. in 1921.

Only 46 children were withdrawn by their parents from the routine inspections as opposed to 61 in 1930.

A personal talk with the parents is generally more effective in securing treatment of defects than the issue of a formal notice. Parents of to-day also accept suggestions with regard to the cleanliness of the children in a much less antagonistic spirit than formerly.

The co-operation of teachers is an essential factor in the successful working of any School Medical Scheme.

**Co-operation
of Teachers**

In Leeds, most teachers are extremely helpful not only in the preparation of the children for examination, but in securing the treatment of children reported to have defects.

Again, some children by persistent misbehaviour or by other actions, show a departure from the normal; in these cases the reports of the teachers are valuable to the doctor in arriving at decisions as to the treatment necessary. By seeing that children who are prescribed glasses wear them; by allowing "hard of hearing" children to sit in the front row of the class; by special supervision of delicate children, or children suffering from heart disease, the teachers render invaluable co-operation with the School Medical Service.

The co-operation between the School Medical Section and the School Enquiry Section is very close. The Enquiry Officers are notified of all children who are excluded from school, or who, in the opinion of the School Medical Officers, are unfit to attend school. The officers assist in securing treatment in certain defaulting cases, and also by making enquiries into the circumstances of families who apply for assistance towards the cost of medical treatment, spectacles, or appliances.

**Co-operation
of Enquiry
Officers**

Close touch is maintained with the voluntary organisations working for the welfare of the children in the city.

**Co-operation
of Voluntary
Bodies**

Co-operation with the Leeds General Infirmary and the Leeds Public Dispensary is particularly useful inasmuch as information is exchanged with regard to the treatment of school children; in this way duplications and attempts to "play off" one institution against another are frustrated.

The Leeds Invalid Children's Aid Society renders valuable assistance in dealing with crippled children. The Education Committee makes a grant of £50 a year to this Society towards the cost of dressings, meals, malt and cod liver oil, etc., supplied by the Society to children attending the school for Physically Defectives.

Blind, Deaf, Defective, and Epileptic Children

The Sub-normal
Child

One of the most difficult phases of the work of the School Medical Service is the ascertainment, classification, and treatment of the sub-normal or exceptional child.

The definition of the Board of Education of an "exceptional child" is "One who by reason of mental or physical defect is incapable of receiving proper benefit from the instruction in an ordinary elementary school."

For the purpose of "vital statistics," the School Medical Officers are required to supply annually to the Board of Education a return of the children in the area under the following heads— Blind, Deaf, Mentally Defective, Epileptics, and Physically Defectives, and to sub-divide each group into several heads. It is also necessary to indicate in the return the number of children attending Special Schools, Institutions, or Hospitals, suitable to the special defect. (See Table III, pp. 56–57.)

In Leeds, the educational provision for blind and deaf is adequate, and the question of providing additional accommodation for mentally defectives is under consideration. There are no facilities in the area for dealing with epileptics, and owing to the lack of accommodation in the country, considerable difficulty is experienced in securing the admission of Leeds children to suitable institutions. The number of known epileptic children in the city does not justify the establishment of a separate institution for Leeds, but when the time is opportune I would suggest joint action by neighbouring towns and the West Riding County Authority to deal with this problem.

The problem of the physically defective child is more varied and more difficult. Under this head are included children suffering from tuberculosis, both infective and non-infective, delicate children, i.e. debilitated or pretubercular children and children suffering from crippling defects or heart disease.

Since the establishment of the Orthopædic Scheme, the treatment of the crippled child may be regarded as satisfactory. Children suffering from heart disease are being dealt with temporarily at the Meanwood Convalescent Home. The scheme has been in operation since January 1931, and it is too early to give any definite pronouncement as to the results.

It is expected that the Lawns House Open Air School will be opened early in 1932, which should cover the requirements of debilitated children.

From the above facts it will be seen that the provision made in Leeds for the sub-normal child should be reasonably satisfactory by the end of 1932.

The position on the 31st December 1931 may be summarised as follows

	Attending Special Schools	Attending Ordinary Schools or at Home*
Blind	137	15
Deaf	46	
Epileptics	4	38
Mentally Defectives ...	351	178
Physically Defectives	68	1,611

* See notes under Table III

Number of Children on Roll in Special Schools on 31st December 1931

SCHOOL	NUMBER ON ROLL		
	Leeds Cases	Outside Cases	Total
MENTALLY DEFECTIVE—			
Armley Special School	97	6	103
East Leeds	72	8	80
Hunslet Hall Road	62	5	67
Hunslet Lane	57	—	57
Lovell Road	62	—	62
SCHOOL FOR DEAF	44	35	79
SCHOOL FOR BLIND—			
Blind	35	61	96
Partially Blind	3	25	28
Blenheim Walk Myopic	23	1	24
Armley Myopic	75	1	76
Roundhay Road Myopic			
PHYSICALLY DEFECTIVE—			
Potternewton	95	—	95

In addition the following Leeds children are in residential schools—

CRIPPLES—

Marguerite Home, Thorp Arch	2
Kirby Moorside	1

EPILEPTICS—

Soss Moss	1
Starnthwaite	3

MENTALLY DEFECTIVE

Besford Court	1
Sandlebridge	2
Littleton House, Garton	1

BLIND —

Sunshine Home, Southport	1
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DEAF

Boston Spa	2
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The methods of procedure and the nature of the provision made for the education and treatment of sub-normal children in Leeds are as follows—

(a) *Blind and Partially Blind*—The definition of the Board of Education of a blind child is “A child too blind to be able to read the ordinary school books used by children.”

The ascertainment of totally blind children under the above definition presents no difficulties, and parents generally are glad to take advantage of the facilities provided by the authority for the education and training of the children.

The certification and ascertainment of the partially blind and myopes is a more difficult matter, involving as it does the assessment of the degree of defective vision and the future prospects in each individual case. The doctor has to determine whether the child is likely to be blind on reaching adolescence and whether he or she should be trained as a blind or sighted person. The problem is complicated still further by the different definitions of blindness used in connection with the administration of the Blind Persons Act. It might therefore happen that a child who has been trained as “blind” during his school career is not recognised as “blind” under the Blind Persons Act. In such a case the child begins life with a serious handicap.

A Committee appointed by the Union of Councils of Associations for the Blind, on which representatives of the Home Office, the Ministry of Health, and the Board of Education were co-opted, recommends that the certification of blind persons should be done only by medical practitioners holding recognised ophthalmic qualifications or appointments. The adoption of this recommendation in Leeds certainly would be a great advantage and it is hoped by the time this Report is printed that the certifying officer under the Blind Persons Act will have been asked to assist in the examination and classification of all children likely to become “blind persons” at a later date, or who are already so.

By reason of the lamented death of Mr. A. L. Whitehead, and the continued illness of Dr. Hopton, there is little change to note during the year.

Any cases that have been deemed suitable for the School for Blind have been certified by the recognised medical staff.

Deaf—Any child who, in the opinion of the Medical Officers, is deficient in hearing to a degree suggesting retardation, is referred to the Aural Surgeon, who examines and advises on these cases. Many are referred, in the first place, by teachers, because children are unable to speak as they should do. There is a close connection, because children who have never heard will not speak at all in the

ordinary way. Mr. Sharp sees all these cases and, where advisable, recommends their admission to the School for Deaf.

The number of Leeds children so recommended during the year was 12, all of whom have now been admitted. It is to be noted that in ten of these cases the children were admitted before the age at which attendance can be compelled, showing that the parents are doing all in their power to give the children every opportunity.

Besides examinations at the Central Clinic, Mr. Sharp has paid four visits to the School for Deaf during the year, for the purpose of re-examination and classification of the pupils, and although this is necessarily a slow process, it is hoped that information useful to the community will, eventually, be forthcoming. Treatment, operative or otherwise, is advised where indicated and in the case of children other than those of Leeds parents, the Authority concerned is notified and co-operation invited.

Dr. Ewing, of the Manchester University, and Mrs. Ewing visited the school to demonstrate methods of investigation, and I hope that the provision of scientific apparatus to assist in the diagnosis and classification of deaf children will be forthcoming in due course.

Complete deafness is a tremendous handicap, while partial deafness is a handicap only differing in degree, for a child who is only partially deaf is handicapped not only in its school life, but afterwards in competition with normal children.

Mr. Sharp has not advocated the provision of classes for those partially deaf, or the "Hard of Hearing," as he feels that by placing a child in the front row and by encouraging lip reading, the handicap in after life is reduced, by reason of the fact that he has not been in a School for Defectives.

The deaf person does not yet get the sympathy and legal care accorded to the blind. The child who suffers from complete congenital deafness is just as much to be pitied as the congenital totally blind child.

Mr. Sharp, reports as follows—

"Scholars number 81, of whom 50 cases are congenital, 31 acquired. Of the congenital cases 17 are totally deaf, 16 have remnants of hearing, 17 have about 15 per cent. of hearing. Amongst the congenital cases there are two members of the same family in four instances. The acquired cases date the onset of deafness after pneumonia, meningitis, or one of the infectious illnesses in early infancy.

The speaking voice of deaf mutes who have no hearing, or only a remnant of hearing, is very disappointing, even after the most

perfect and careful training over a period of years. I doubt whether the results justify the expense and time spent on this side of the training, for the individual is only intelligible to his own family circle. I am of the opinion that it would be more profitable and useful in after life if more time were given to the written language, and less time spent on the speech training. In children who possess some degree of hearing, e.g. enough to enable them to hear their own voice when they shout into a speaking tube, very encouraging progress is made in speech training. The Binaural Speaking Tube has been found most helpful by the teachers. It is a great stimulus to the child whose hearing definitely improves and an understandable speaking voice develops."

Physically Defective Children—The physically defective child is dealt with in an adequate manner. All cases of children not on school roll, owing to physical defect, are reported by the Enquiry Officers and, whenever possible, the child is invited for examination. In rare cases the child has to be visited at its own home.

Children suffering from tuberculosis in any form are dealt with by the Tuberculosis Dispensary, and the recommendations of the Tuberculosis Officer are carried out as regards attendance at school. Certain of the non-infective types will be dealt with at the Open Air School, as will also the pretubercular child, but the close co-operation already established will need to be continued, if there is to be no overlapping between Lawns House and the Hollies. Both places can be of great benefit to the community.

At the School for Physically Defective Children, Potternewton Park, seriously crippled children in various categories are given educational facilities which would not otherwise be obtained, coupled, in many instances, with some form of treatment.

Children suitable for admission are found by the Assistant Medical Officers, either at routine inspection or at the branch clinics, and vacancies are filled as they occur. The great proportion are returned to ordinary schools as cured, but there remains a number for whom the future holds no real prospect and for whom further vocational training is needed.

I should like to express the view that such children would derive far greater benefit if the problem were dealt with by an amalgamation of authorities, such as the county as a whole, for it will not be economical for any authority to deal with the small number of its own chronic cripples. By treating them in larger numbers in residential institutions, it will be possible to grade them by the capacity to perform and to ensure a better return eventually, both to the community and to the individual.

Summary of Examinations for Mental Condition, 1931

	Boys	Girls	Total	% 1931	% for 1930
Certified to continue in attendance at Ordinary Elementary Schools	188	164	352	61.3	57.1
Certified for Day Special Schools for Mentally Defective Children	70	60	130	22.6	25.4
Certified as Imbeciles*	7	5	12	2.1	3.1
Certified as Idiot	—	1	1	.2	.3
Excluded from school pending examination at a later date	3	3	6	1.0	1.1
Certified Mentally Defective. Permitted to remain in Private Schools	5	4	9	1.6	1.6
Certified for Residential Special Schools for Mentally Defective Children	1	1	2	.3	.1
Certified Mentally Defective but recommended for notification to the Mental Health Services Committee*	22	26	48	8.3	9.4
Certified Mentally Defective. Allowed to continue at ordinary Elementary Schools, but to be kept under observation until 16 years of age	8	3	11	2.0	.8
Children from other Authorities examined prior to admission to Leeds Day Special Schools	1	2	3	.5	1.0
TOTALS	305	269	574	—	—

*In addition to the examinations at Clinics the Special Schools were visited periodically, and the following number of children were discharged as incapable of deriving further benefit from the instruction given. These numbers are included in the above Table.

	Boys	Girls	Total
Feeble-minded	16	19	35
Imbeciles	4	—	4
TOTAL	20	19	39

Mental Deficiency.—The problem of the mentally defective child is still one of the most difficult to be faced by the School Medical Service.

In the first place, the term "Mentally Defective" is used to include not only the lowest types to be found, but the much higher one, the educable feeble minded child, who deserves the extra chances to be obtained by being taught at a slower rate, and in smaller classes than is possible at an ordinary normal school.

It is the duty of the local education authority to ascertain the children in the area who, by reason of physical or mental defect,

are incapable of deriving proper benefit from the instruction provided in a Public Elementary School, and to make suitable provision for their education. Neither the Education Act of 1921, nor the Mentally Deficiency Acts use the phrase "Mentally Defective" with regard to children attending Special Schools or classes. It is true the term "feeble minded" is used, but it is also the fact that the term "Defective" is used more often, which term includes all children suffering from physical as well as mental defect. And yet the Special Schools for the feeble minded are still often spoken of as "Silly" Schools, and so long as this state of affairs exists, so long will the prejudice against attendance at these schools prevent the fulfilment of their proper function.

Until the community realises that these children are cripples, and must be treated as such, the problem will remain difficult. There is no stigma attached to a child who attends a Blind School, a Deaf School or a Cripple School, but this cannot be said to be true of the mental cripple, who deserves just as much sympathy and care as the blind or partially blind child.

It is only a few years ago that the dunce cap was in existence; its disappearance denotes that it is now realised that there are many children who cannot compete with their fellows on equal terms, not that they will not.

I would plead for still more sympathy with this class, for more propaganda amongst the community to ensure that all cripples or defectives (as the Board of Education describes them) from whatever cause—mental or physical—should be regarded as cripples and not as outcasts.

During the year under review, rather fewer children were examined than previously, but a great advance has been made in securing the presence of many Head Teachers at the examination, most of whom have expressed pleasure at being asked to co-operate.

Retarded children are reported by Teachers to the Inspectors in the first place, lists of backward children are returned each year, and the children are seen by the Inspectors and referred for examination by the Medical Officer where advisable. Head Teachers also ask for the examination of children, especially where they are troublesome in class. Many cases also come to light through the routine medical inspection after talks between teacher and doctor.

When a child from any school is invited for examination, the teacher is informed and asked to be present. This is a step in the right direction, and it is hoped that the future will reveal a continued desire on the part of the teaching profession to become a part of the team, for it is only by team work that we can expect to secure the best results so far as the individual child is concerned.

Only Medical Officers, approved by the Board of Education after attendance at special courses of instruction, are permitted to certify children as feeble minded and to recommend them as suitable for a Special School, and these same Medical Officers pay regular visits to the Special Schools to make further examinations of the children in attendance. The Inspectors also make periodical visits and record the attainments of the children. Thus it may safely be said that no child is recommended for transfer to a Special School if it can derive proper benefit from the instruction provided in an ordinary school, and that all children who do not warrant the belief that they will become self-supporting are not unduly retained in a Special School.

There is overcrowding in some of these schools and also a waiting list for admission, and I desire to express the view that a Special School reserved for boys of 11 years and upwards, under male teachers, with more than ordinary facilities for handwork instruction of various kinds, is a very real problem for your consideration. I would also suggest that the establishment of a trained psychological staff will be eventually a great saving.

A few mentally defectives of high grade who have only been ascertained at 12 years and upwards, are retained in ordinary schools. They are examined periodically and otherwise kept under observation.

Suitable occupations are found for them at 14 by the Juvenile Employment Department, but they are reviewed periodically with a view of notification where necessary.

Certain other mentally defective children are placed by their parents in private schools. They also are reviewed yearly and statutory obligations complied with.

An analysis has been made of the after careers of scholars **After Careers** who have left the Leeds Special Schools.

Of the 24 children who left the School for Blind, 19 are still receiving further training at other institutions, two are employed, and three unemployed. The results in the case of deaf children are encouraging, 28 out of 40 being employed. The majority of those leaving the School for Physically Defective Children are discharged as cured before reaching school leaving age, i.e. 80 out of 129, and the balance of 49 is employed.

In the case of the mentally defectives, it will be noticed that of the 308 children who left the Special Schools at 16 years of age, or who were discharged prior to that age to take up suitable employment, 184 are employed. This result is very satisfactory.

Of the 457 who were discharged from Special Schools as ineducable, only 42 are employed.

The earnings are disappointing, and in very few cases are the persons self-supporting.

(A) Mentally Defective

Males

	Employed	Out of Work	Industry or Occupation Centres	In Institutions	Unemployable or useful at home	Deceased	Removed or Married	Total
Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	23	—	—	—	—	—	—	23
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	46	11	1	5	12	—	1	76
STATUTORY CASES								
Notified under Section 2 (2) <i>b</i> (children who left Special Schools at 16 years of age who require supervision) ...	39	2	—	7	3	6	2	59
Notified under Section 2 (2) <i>a</i> (children who were dismissed from Special Schools before reaching 16 years of age as ineducable)	32	—	125	43	39	5	5	249
	140	13	126	55	54	11	8	407

Females

Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	23	—	—	—	—	—	—	23
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	34	6	1	8	16	—	2	67
STATUTORY CASES								
Notified under Section 2 (2) <i>b</i> (children who left Special Schools at 16 years of age who require supervision) ...	19	10	—	13	16	—	2	60
Notified under Section 2 (2) <i>a</i> (children who were dismissed from Special Schools before reaching 16 years of age as ineducable)	10	—	94	38	57	6	3	208
	86	16	95	59	89	6	7	358

Total

Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	46	—	—	—	—	—	—	46
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	80	17	2	13	28	—	3	143
STATUTORY CASES								
Notified under Section 2 (2) <i>b</i> (children who left Special Schools at 16 years of age who require supervision) ...	58	12	—	20	19	6	4	110
Notified under Section 2 (2) <i>a</i> (children who were dismissed from Special Schools before reaching 16 years of age as ineducable)	42	—	219	81	96	11	8	457
	226	29	221	114	113	17	15	705

Occupations

					Boys	Girls	Total
Clothing Trade ...	...	...	...	...	35	33	68
Shoemaking ...	...	...	...	...	2	2	4
Domestic Work...	...	...	...	...	2	3	5
Miners ...	...	...	...	...	3	—	3
Messengers ...	...	...	...	...	2	—	2
Firewood ...	...	...	...	...	16	—	16
Rug Making ...	...	...	...	...	5	2	7
Mills ...	...	...	...	...	5	5	10
Farms or Market Gardens	...	...	...	...	3	—	3
Labourers ...	...	...	...	...	28	—	28
Miscellaneous ...	...	...	...	...	10	18	34

Wages

Age at 31.12.31	MALES		FEMALES		Total
	No. of Wage Earners	Average Wage	No. of Wage Earners	Average Wage	
15	1	4/-	—	—	1
16	23	9/6	9	9/-	32
17	30	8/10	12	11/7	42
18	12	8/3	19	13/6	31
19	8	12/8	5	16/-	13
20	10	13/6	8	14/2	18
21	15	11/9	7	15/5	22
22	18	12/2	3	13/4	21
—	117	—	63	—	180

Blind

Year	Employed	Trainees at Leeds Institution	Un- employed	Unemploy- able	Collegiate Training	Total
1927	1	3	—	1	1	6
1928	—	2	—	1	1	4
1929	—	1	1	—	2	4
1930	—	2	—	—	—	2
1931	1	7	—	—	—	8
	2	15	1	2	4	24

One girl who left school in 1927 earns 26/- weekly as a knitter, and a boy who left in 1931 receives 10/- weekly as a page boy at a cinema.

Deaf

Report on Children who have Left the School for Deaf Children, 1927-1931 Inclusive

Year	Em- ployed	Out of Work	Further Training	At Home	Married	Discharged to Ordinary School (Sufficient Hearing)	Total
1927	4	3	—	—	—	—	7
1928	2	—	—	—	—	—	2
1929	7	2	1	1	1	1	13
1930	8	1	—	—	—	—	9
1931	7	2	—	—	—	—	9
	28	8	1	1	1	1	40

Occupations

	Boys	Girls	Total
Tailoring	3	8	11
Domestic Work	—	3	3
Gardening	1	—	1
Upholstering	2	—	2
Cabinet-making... ..	4	—	4
Assistant Caretaker	1	—	1
Errands	1	—	1
Cushion Filling	—	1	1
Boot Manufacturing	—	1	1
Dental Mechanic	1	—	1
Rope-making	—	1	1
Further training at Manchester	2	—	2
Brush-making	1	—	1
	16	14	30

Wages

Age	Boys		Girls	
	No.	Average Wages	No.	Average Wages
16	1	9/-	3	10/8
17	4	11/6	3	14/8
18	4	16/-	2	12/6
19	2	15/-	—	—
20	—	—	4	17/11

In five instances an accurate statement of the earnings could not be obtained.

Physically Defective

Report on Children who have Left the School for Physically Defective, 1927-1931 Inclusive

Year	Discharged to Ordinary School as Cured	Employed	Out of Work	Unemployable	Left City	Domestic Work at Home	Total
1927	11	5	2	2	—	—	23
1928	23	7	2	—	1	—	33
1929	11	7	—	—	4	—	22
1930	13	4	—	—	2	2	21
1931	19	6	2	3	—	—	30
	So	29	6	5	7	2	129

One child was certified as mentally defective, and has been transferred to a school for mentally defective children during 1931.

Occupations

	Boys	Girls	Total
Tailoring and Dressmaking ...	2	11	13
Boot Repairing and Manufacturing ...	5	—	5
Engineering ...	3	—	3
Laundry Work ...	—	1	1
Upholstery ...	—	1	1
Brush-making ...	—	1	1
Drysaltery ...	—	2	2
Printing ...	1	1	2
Surgical Appliance Making ...	1	—	1
Domestic Work at Home ...	—	2	2
	12	19	31

Wages

Age	Boys		Girls	
	Number	Average Wages	Number	Average Wages
14	—	—	1	8/-
15	5	11/11	1	13/9
16	2	6/9	5	15/3
17	1	10/-	6	10/8
18	2	12/6	—	—
19	1	20/-	4	15 -

In one instance an accurate statement of the earnings could not be obtained, but the boy was reported to be learning the trade of surgical appliance making. The average weekly earnings of boys is 11/7, as compared with 15/- last year, and of girls 13/1 as compared with 12/9 last year. One girl aged 16 years was reported to be earning 38/- weekly in the wholesale clothing industry.

Hunslet Nursery School—Summary of Routine Examinations

No. of Children Examined	No. of Defects Found	No. of Defects Referred for Treatment	No. of Defects Referred for Observation	No. of Children with Defects	No. of Children Referred for Treatment	No. of Children Referred for Observation	No. of Children without Defects
37	92	17	7	35	8	5	2

Summary of Defects Found at Routine Examinations and Re-inspections

Diseases or Defects	No. of Defects Found	No. of Defects referred for		*No. of Defects Treated			* Under Observation not yet Treated
		Treat-ment	Observa-tion	L.E.A.	Hosp.	Other-wise	
Enlarged Tonsils ...	27	2	5	—	1	—	4
Tonsils and Adenoids...	—	—	—	—	—	—	—
Nose and Throat ...	6	—	4	—	—	2	2
Heart and Circulation	—	—	—	—	—	—	1
Enlarged Glands ...	21	—	—	—	—	—	—
Nutrition ...	7	2	—	1	—	2	1
Impetigo ...	1	1	—	—	—	1	—
Other Skin Diseases ...	7	5	—	1	—	—	2
T.B. (Non-Pulmonary)	—	—	—	—	—	—	—
Rickets...	6	4	—	—	—	—	—
Respiratory ...	7	3	2	1	—	10	1
Ear Defects ...	3	2	—	—	—	2	1
Miscellaneous ...	35	18	4	1	—	7	10
Total ...	120	37	15	4	1	24	22

*Included under these heads are defects found in 1930 which were treated in 1931 or are still under observation.

Dr. Bebb, who has been in charge of the work at the Nursery School, reports as follows—

“The new Nursery School, which was opened in September last, is built on the most up-to-date plan, with light well-ventilated classrooms, having one side completely open, thus allowing the maximum amount of sun and air to enter. There is a plentiful supply of hot water and bathroom accommodation, and each child can be bathed every morning. The kitchen is well equipped with the latest stoves and appliances, and good sensible meals are provided each day for the children.

The school meets a long-felt want in a crowded area, such as Hunslet, where housing conditions are unsatisfactory, wages are low, and the mother often has to go out to work.

Children are admitted at the age of two, and remain at the school till they are five, when they are ready to take their place in the Elementary School. They are trained to be personally neat and clean, to form good habits, and are encouraged to be self-reliant, to act on their own initiative, and to know that they are one of a corporate whole.

The school has been regularly visited each month by the doctor and each week by the nurse, and all minor ailments have been treated at the school. Several children suffering from rickets and flabby muscles have had a course of massage, and have improved considerably.

More serious ailments, which required operative treatment, have been dealt with, and it was pleasing to note that the parents were anxious to co-operate, and accepted any suggestions for the better management of their children.

There is one type of child for which the Nursery School training is particularly useful, and that is the difficult or temperamental child who suffers from some inhibition, due to physique or temperament.

One child, born under tragic circumstances, came to the school at 2½ years, refused to speak or eat, would not join in any of the school's activities, and looked and was, sad, fearful and terrified. Now she is one of the happiest and jolliest of children, in fact, is perfectly normal.

This is what the Nursery School is doing for these children in improving their physique, widening their outlook, and starting them upon a definite path of progression. It is a valuable work, and well worth doing."

Children are subject to full routine examination in the same age groups as in Elementary Schools, with an additional examination during the year following their fifteenth birthday. Scholars who have not previously attended an Elementary School, or for whom no records exist, are examined as "Entrants." All pupils who have not been examined in the 12-year-old group at Elementary Schools are presented for examination at the first opportunity. In addition, all pupils are seen each year by the Medical Officers, but they are not subjected to routine inspection unless there appears to be some reason for so doing.

Secondary
Schools

Where defects are found, parents are notified by the school authorities and treatment advised.

In the case of the Junior Technical Schools, boys are seen during their last year of attendance.

The Dental Inspection takes place annually in all cases.

A fee is charged to pupils of Secondary Schools for any treatment carried out. This fee is remitted by the Committee in necessitous cases. Such treatment consists mainly of refraction and provision of spectacles and dental work.

Experience shows that, in most of the Secondary Schools, the health of the children is adequately safeguarded by private medical and dental attention. In fact, in one or two schools, namely, Chapel Allerton High School, Roundhay High Schools for Boys and Girls, it is doubtful whether the expenditure of the time of the Medical and Dental Officers is justified.

Payments

The amount received from parents towards the cost of medical and dental treatment shows a decrease of £181 14s. 3d. as compared with the sum received during 1930.

In view of the amount of industrial depression, this figure may be regarded as satisfactory.

The following is a detailed summary of the receipts—

Minor Ailments, X-ray, Artificial Sunlight, and Dental Treatment

Clinic	Minor Ailments, X-ray and Sunlight			Dental Treatment		
	No. of Attend-ances	Amount Paid £ s. d.	Per cent. of Payments to Attend-ances	No. of Attend-ances	Amount Paid £ s. d.	Per cent. of Payments to Attend-ances
Central ...	6,856 (8,117)	168 1 6 (189 10 5)	22·2 (20·8)	4,703 (3,369)	108 8 5 (74 0 11)	58·4 (57·6)
Armley ...	20,399 (17,844)	7 3 0 (5 11 8)	2·6 (3·0)	3,790 (3,290)	88 19 3 (81 1 5)	61·1 (64 1)
Burley ...	20,366 (28,556)	7 0 8 (7 4 2)	2·1 (2·4)	2,425 (2,437)	43 5 4 (42 14 5)	45·3 (43·2)
East Leeds	13,383 (2,618)	7 2 5 (0 15 0)	3·3 (5·2)	2,849 (631)	91 5 4 (20 4 1)	75·5 (79·6)
Edgar St.	41,519 (46,382)	4 15 5 (3 6 8)	2·1 (2·6)	3,434 (4,942)	36 1 4 (96 6 0)	35·1 (53·9)
Holbeck...	38,139 (35,288)	12 14 10 (8 19 6)	2·0 (2·3)	2,701 (2,666)	33 8 2 (34 3 10)	34·9 (37·7)
Hunslet ...	23,296 (29,484)	7 2 4 (10 9 1)	2·2 (3·3)	3,837 (3,898)	51 10 8 (63 4 3)	41·9 (45·7)
Meanwood Road	27,397 (32,310)	5 19 5 (5 1 1)	1·2 (1·1)	— —	— —	— —
Total ...	191,265 (200,499)	* 219 19 7 † (230 17 7)	2·1 (3·2)	23,838 (21,233)	453 7 6 (411 14 11)	50·8 (52·0)

* Includes £147 2s. 3d. received for payment for Cod Liver Oil and Malt.

† Includes £164 3s. 8d. received for payment for Cod Liver Oil and Malt.
Corresponding figures for 1930 are shown in brackets.

Operative Treatment

Tonsils and Adenoids

£ s. d.
210 13 6
(259 11 9)

Orthopaedic Treatment

£ s. d.
63 17 8
(73 2 6)

Refraction Treatment and Provision of Spectacles

Refraction Treatment and Supply of Spectacles					
Clinic	No. of Spectacles Ordered	Amount Paid £ s. d.			Per cent. of Payments
Central ...	1,157 (1,177)	235	7	3	97.7 (98.0)
Armley ...	470 (431)	91	11	8	93.8 (96.0)
Burley ...	427 (464)	77	15	5	95.8 (97.6)
East Leeds ...	313 (88)	80	10	0	100.0 (100.0)
Edgar Street	956 (1,015)	172	6	3	98.6 (98.9)
Holbeck ...	707 (642)	124	14	5	96.2 (98.3)
Hunslet ...	588 (575)	112	7	6	98.5 (98.3)
Meanwood Rd.	—	—			—
Total ...	*4,618 ‡(4,392)	894	13	3	97.3 (98.2)

*Includes repairs to 1,169 pairs of spectacles.

†Includes repairs to 1,099 pairs of spectacles.

Complete payments for Spectacles ...	...	1,907	(2,041)
Spectacles supplied on the instalment basis ...	...	1,335	(1,093)
Spectacles supplied free of charge ...	...	123	(81)
Cases on hand at the end of the year ...	...	84	(75)

Corresponding figures for 1930 are shown in brackets.

Summary of Payments, 1931

	£	s.	d.
Refraction Treatment and Supply of Spectacles ...	894	13	3
Dental Treatment... ..	453	7	6
Minor Ailments and X-ray Treatment ...	36	6	0
Supply of Cod Liver Oil and Malt ...	147	2	3
Treatment of Tonsils and Adenoids ...	210	13	6
Orthopaedic Treatment—Operations, Appliances, etc. ...	63	17	8
Massage ...	25	9	4
Artificial Sunlight ...	11	2	0
Total cash received 1931 ...	£1,842	11	6
Total cash received 1930 ...	£2,024	5	9

During the year, 684 children have been examined as to suitability for Juvenile Employment, necessitating 750 visits.

The difference between the two figures means that treatment in some form has been considered necessary before a certificate could be issued. The majority of these cases consisted of children who did not wear the spectacles that had been prescribed, whilst uncleanness was responsible for most of the remainder. It will be readily understood that cleanliness is a very important point for boys who are concerned with the delivery of foodstuffs. Only two children were definitely refused licences, and in both these cases the parents were satisfied.

619 pupils, needing 711 examinations in all, were seen as a result of Scholarship awards. The additional examinations of children for whom treatment was considered necessary in their own interests consisted mostly of refractions and dental treatment. 2,557 examinations were necessary of children for the School Camp. Some few of the children examined did not attend the camp, but there still remained a number for whom two or even three examinations were needed—nearly always for lack of cleanliness.

Children's Day retains its popularity, and the Healthy Children's Competitions have lost none of their effect.

In the four age groups selected this year, 1,418 individual children were examined, calling for 1,706 attendances. Of these 1,418 children, 325 came from outside the city boundaries and were examined by a doctor whose services were provided by the *Yorkshire Evening Post*. 1,093 children were examined by the School Medical Officers and the Maternity and Child Welfare Medical Staff. Thanks are due to Dr. Russell and her colleagues for their co-operation and assistance.

From the preliminary records obtained, a further selection of children was made on merit to decide the recipients of the silver spoons provided by the *Yorkshire Evening Post*, and it is worthy of note that over 95 per cent. both of the Leeds children and of those from outside areas, were brought again by the mothers for further inspection. Over 400 certificates were issued and 200 silver spoons presented.

It is amazing the interest taken in the competitions, and the distance that parents will travel, often several times, to present their children for examination. The wide publicity that is given by this competition to the facilities that are provided by the Public Health Service is extremely valuable.

The Dental Competitions also created a great deal of interest generally, but it is to be regretted that some schools were not represented. 2,264 children in Class I and 1,290 in Class II were examined, and the Dental Officers have expressed themselves well satisfied with the spirit of the children.

This report closes an epoch in which great strides have been made. Much, however, remains to be done. **Conclusion**

It is essential that parents should be warned, fully and early, of defects in their children and advised, as far as possible, how to remedy them.

Public opinion counts — the welfare of the children is of paramount importance, for education in its wide sense does not end when schooldays do.

The desirable aim of every education authority is to hand over its products to the community well provided for life, both in body and mind, and any attempt to divorce the School Medical Service from the other aspects of education may lead to loss of efficiency.

The success of the School Medical and Dental Inspection and Treatment depends on a concurrent and ardent co-operation of the teaching staff and the School Enquiry Section.

I have the honour to be, Ladies and Gentlemen

Your obedient servant

G. E. ST. CLAIR STOCKWELL

School Medical Officer

March 1932

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER 1931

TABLE I

Return of Medical Inspections

A—Routine Medical Inspections

NUMBER OF CODE GROUP INSPECTIONS—

Entrants	...	...	...	...	...	...	...	6,998
Intermediates	5,999
Leavers	4,131
TOTAL								17,128

NUMBER OF OTHER ROUTINE INSPECTIONS	2,482
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B—Other Inspections

NUMBER OF SPECIAL INSPECTIONS	28,037
NUMBER OF RE-INSPECTIONS	35,003
TOTAL					63,040

TABLE II
A—Return of Defects Found by Medical Inspection
in the Year ended 31st December 1931

Defect or Disease	Routine Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring Treatment	Requiring to be kept under observation but not Requiring Treatment	Requiring Treatment	Requiring to be kept under observation but not Requiring Treatment
MALNUTRITION	713	394	1,237	1
UNCLEANLINESS (See Table IV, Group V)	—	—	—	—
SKIN—				
Ringworm—Scalp	3	—	191	—
Body	9	1	242	—
Scabies	7	—	280	—
Impetigo	86	3	1,987	—
Other Diseases (non-Tuberculous) ...	304	131	9,171	—
EYE—				
Blepharitis	130	18	566	—
Conjunctivitis	40	4	593	—
Keratitis	—	—	3	—
Corneal Opacities	10	3	21	—
Defective Vision (excluding Squint) ...	2,035	955	4,891	4
Squint	194	103	31	—
Other Conditions	54	17	836	—
EAR—				
Defective Hearing	361	74	130	—
Otitis Media	143	21	1,057	—
Other Ear Diseases	270	36	726	—
NOSE AND THROAT—				
Enlarged Tonsils only	918	1,240	275	1
Adenoids only	43	12	76	—
Enlarged Tonsils and Adenoids ...	109	106	711	—
Other Conditions	1,337	709	1,111	—
ENLARGED CERVICAL GLANDS (Non-Tuber.)	136	335	220	—
DEFECTIVE SPEECH	32	71	99	—
TEETH—				
Dental Diseases (See Table IV, Group IV)	—	—	108	—
HEART AND CIRCULATION—				
Heart Disease—Organic	114	28	136	1
Functional	26	250	8	1
Angina	90	60	189	—
LUNGS—				
Bronchitis	430	372	152	—
Other Non-Tuberculous Diseases ...	53	73	10	—
TUBERCULOSIS—				
Pulmonary—Definite	15	11	10	—
Suspected	11	5	193	—
Non-Pulmonary—Glands	20	5	35	—
Spine	1	3	2	—
Hip	1	—	1	—
Other Bones and Joints	2	1	48	—
Skin	1	2	1	—
Other Forms	1	—	9	—
NERVOUS SYSTEM—				
Epilepsy	7	3	27	1
Chorea	17	9	59	—
Other Conditions	97	144	21	1
DEFORMITIES—				
Rickets	163	51	662	—
Spinal Curvature	46	20	110	—
Other Forms	713	362	506	—
OTHER DEFECTS AND DISEASES ...	773	1,319	5,109	7

B—Number of Individual Children Found at Routine Medical Inspection to Require Treatment
(excluding Uncleanliness and Dental Diseases)

GROUP	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to Require Treatment	
CODE GROUPS—			
Entrants	6,998	2,212	31.6
Intermediates	5,999	2,297	38.3
Leavers	4,131	1,493	36.0
Total (Code Groups) ...	17,128	5,912	34.5
Other Routine Inspections	2,182	913	41.8

TABLE III

Return of all Exceptional Children in the Area, 1931

				Boys	Girl	Total
Children suffering from the following types of Multiple Defect, i.e. any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease				5	7	12
The actual combination of defects and the type of School, if any, attended should be indicated on a separate sheet.						
BLIND (including partially blind)	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind	16	19	35	
		At Public Elementary Schools	—	—	—	
		At other Institutions	—	1	1	
		At no School or Institution	—	—	—	
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind	52	49	101	
		At Public Elementary Schools	17	28	45 (b)	
		At other Institutions	1	—	1	
		At no School or Institution	—	—	—	
DEAF (including deaf and dumb and partially deaf)	(i) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	23	23	46	
		At Public Elementary Schools	—	—	—	
		At other Institutions	—	—	—	
		At no School or Institution	—	—	—	
	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf	—	—	—	
		At Public Elementary Schools	—	—	—	
		At other Institutions	—	—	—	
		At no School or Institution	—	—	—	
MENTALLY DEFECTIVE	Feeble-minded... ..	At Certified Schools for Mentally Defective Children	214	136	350	
		At Public Elementary Schools	61	53	114 (b)	
		At other Institutions	11	14	25 (c)	
		At no School or Institution	35	29	64 (d)	
EPILEPTICS	Suffering from severe epilepsy	At Certified Schools for Epileptics	2	2	4	
		At Certified Residential Open Air Schools	—	—	—	
		At Certified Day Open Air Schools	—	—	—	
		At Public Elementary Schools	—	—	—	
	Suffering from epilepsy which is not severe.	At other Institutions	—	1	1	
		At no School or Institution	5	2	7	
		At Public Elementary Schools	11	20	31	
		At no School or Institution	—	—	—	
PHYSICALLY DEFECTIVE	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	41	32	73	
		At Certified Residential Open Air Schools	—	—	—	
		At Certified Day Open Air Schools	—	—	—	
		At Public Elementary Schools	55	41	96 (e)	
		Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At other Institutions	—	1	1
			At no School or Institution	11	7	18
			At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	2	1	3
			At Certified Residential Open Air Schools	—	—	—
		Tuberculosis of the peripheral glands.	At Certified Day Open Air Schools	—	—	—
			At Public Elementary Schools	119	100	219
			At other Institutions	—	—	—
			At no School or Institution	6	7	13
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	7	1	8	
		At Certified Residential Open Air Schools	—	—	—	
		At Certified Day Open Air Schools	—	—	—	
		At Public Elementary Schools	58	53	111	
		At other Institutions	1	—	1	
		At no School or Institution	11	12	23	
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	2	2	
		At Certified Residential Open Air Schools	—	—	—	
		At Certified Day Open Air Schools	—	—	—	
		At Public Elementary Schools	11	6	17	
		At other Institutions	—	—	—	
		At no School or Institution	2	2	4	

TABLE III -continued

Return of all Exceptional Children in the Area, 1931

		Boys		Girls	Total
PHYSICALLY DEFECTIVE <i>(continued)</i>	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board			
		At Public Elementary Schools		6	2
		At other Institutions		3	1
		At no School or Institution		4	3
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board		14	9
		At Public Elementary Schools		1	1
		At other Institutions			
		At no School or Institution		1	1
	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools			
		At Certified Day Cripple Schools		1	1
		At Certified Residential Open Air Schools			2
		At Certified Day Open Air Schools			
		At Public Elementary Schools		225	191
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At other Institutions		3	1
		At no School or Institution		6	10
		At Certified Hospital Schools			
		At Certified Residential Cripple Schools		2	1
		At Certified Day Cripple Schools			
		At Certified Residential Open Air Schools		14	13
		At Certified Day Open Air Schools			87
		At Public Elementary Schools		100 (3)	124 (to 284 (6)
		At other Institutions		4	1
		At no School or Institution		4	8
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools			
		At Certified Residential Cripple Schools			
		At Certified Day Cripple Schools		5	1
		At Certified Residential Open Air Schools			6
		At Certified Day Open Air Schools			
		At Public Elementary Schools		125	219
		At other Institutions		6	344
		At no School or Institution		7	13

Multiple Defects

DEFECTS	At M.D. SCHOOL		At DEAF SCHOOL		At CRIPPLE SCHOOL		At BLIND SCHOOL		IN HOSPITAL		TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
M.D. and Deaf				2							2
M.D. and Cripple										1	1
M.D. and Epileptic	1										1
M.D. and Active T.B.	2										2
M.D. and Heart Disease	2	2									4
Blind and Heart Disease							1				1
Cripple and Epileptic					1						1
TOTAL	7		2		1		1		1		12

NOTES ON TABLE III

- (a) BLIND - 45 children entered as attending Public Elementary Schools are children who have been recommended for attendance at Myopic Classes, but whose parents object.
- (b) MENTALLY DEFECTIVE - 35 of these children were admitted to Special Schools on the 4th January 1932; 21 were certified mentally defective but, owing to their age, they were allowed to remain in ordinary schools under supervision. These children are inspected from time to time, and will be reviewed by the Medical Officer on reaching 16 years of age; 58 are awaiting admission to Special Schools.
- (c) 18 of these children have been placed in Private Schools by their parents. These children are examined annually by the School Medical Officers; 7 are in Workhouse Hospitals, etc.
- (d) 45 children were allowed to leave the Special Schools to take up approved employment and they will be under supervision until reaching 16 years of age.
- (e) PHYSICALLY DEFECTIVE - All cases of suspected tuberculosis are referred to the Tuberculosis Officer of the City. 99 children have all been diagnosed as Pulmonary Tuberculosis, but on the recommendation of the Tuberculosis Officer were allowed to remain in attendance at school.

TABLE IV

Return of Defects Treated during the Year ended
31st December 1931

Treatment Table

Group I—Minor Ailments (excluding Uncleanliness, for which see Group V)

DISEASE OR DEFECT	NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT, DURING THE YEAR		
	Under the Authority's Scheme	Otherwise	Total
SKIN—			
Ringworm—Scalp	177	20	197
Body	230	19	249
Scabies... ..	199	85	284
Impetigo	1,977	83	2,060
Other Skin Diseases	9,034	414	9,448
MINOR EYE DEFECTS (External and other, but excluding cases falling in GROUP II)	1,906	246	2,152
MINOR EAR DEFECTS	1,803	355	2,158
MISCELLANEOUS (e.g. minor injuries, bruises, sores, chilblains, etc.)	3,122	3,741	6,863
TOTAL	18,448	4,963	23,411

Group II—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I)

DEFECT OR DISEASE	NUMBER OF DEFECTS DEALT WITH			
	Under the Authority's Scheme	Submitted to Refraction by Private Practitioner or at Hospital apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	4,513	32	32	4,577
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—
TOTAL ...	4,513	32	32	4,577

Total number of Children for whom spectacles were prescribed—

(a) Under the Authority's Scheme 3,839
(b) Otherwise 61

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme 4,618*
(b) Otherwise 61

* Includes alterations to lenses and spectacles without further refraction (1169).

TABLE IV—continued

Group III—Treatment of Defects of Nose and Throat

NUMBER OF DEFECTS				
Received Operative Treatment			Received other Forms of Treatment	Total Number Treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
444	1,530	1,974	* 3,058	5,032

* This total includes 1,275 cases treated at the School Clinics.

Group IV—Dental Defects

(1) Number of Children who were—

(a) Inspected by the Dentist—

		Aged:	No.		
Routine Age Groups.		5	...	881	Total 37,432
		6	...	3,970	
		7	...	4,594	
		8	...	4,802	
		9	...	5,254	
		10	...	5,474	
		11	...	5,536	
		12	...	3,205	
		13	...	3,029	
		14	...	687	
Specials	6,854
GRAND TOTAL				...	44,286

(b) Found to Require Treatment 24,243

(c) Actually Treated 20,449

(2) Half-days devoted to Inspection 264
 " " Treatment 1,457
 1,721

(3) Attendances made by Children for Treatment 24,944

(4) Fillings—Permanent Teeth 9,965
 Temporary Teeth 1
 9,966

(5) Extractions—Permanent Teeth 6,238
 Temporary Teeth 30,220
 36,458

(6) Administrations of General Anaesthetics for Extractions 10,014

(7) Other Operations—Permanent Teeth 627
 Temporary Teeth 14
 641

TABLE IV—continued

Group V—Uncleanliness and Verminous Conditions

(1) Average Number of Visits per School made during the year by the School Nurses	32
(2) Total number of Examinations of Children in the Schools by School Nurses	167,227
(3) Number of Defects found	13,945
(4) Number of Children cleansed under arrangements made by the Local Education Authority	1,222
(5) Number of Cases in which legal proceedings were taken—	
(a) Under the Education Act, 1921	62
(b) Under School Attendance By-laws	75

Group VI—Other Forms of Treatment

DISEASE OR DEFECT	NUMBER OF DEFECTS TREATED OR UNDER TREATMENT DURING THE YEAR		
	Under the Authority's Scheme	Otherwise	Total
Rickets	635	154	789
Deformities	541	545	1,086
Heart and Circulation*... ..	46	557	603
Lungs	2	967	969
Malnutrition	1,135	449	1,584
Other Defects	130	680	810
TOTAL	2,495	3,352	5,847

* These cases are kept under observation and inspected from time to time.

TABLE V

HIGHER EDUCATION

A—Return of Defects Found by Medical Inspection in the Year ended 31st December 1931

DEFECT OR DISEASE						No. of Defects Requiring Treatment	No. of Defects to be kept under Observation but not Requiring Treatment
Malnutrition	...	...	...	...	...	1	—
SKIN—							
Ringworm	Scalp	...	...	...	...	—	—
	Body	...	...	...	...	—	—
Scabies	...	...	...	...	...	—	—
Impetigo	...	...	...	...	...	—	—
Other Diseases (non-Tuberculous)	...	...	...	...	...	6	21
EYE—							
Blepharitis	...	...	...	...	...	2	—
Conjunctivitis	...	...	...	...	...	—	1
Keratitis	...	...	...	...	...	—	—
Corneal Opacities	...	...	...	...	...	—	—
Defective Vision (excluding Squint)	...	...	...	...	...	231	88
Squint	...	...	...	...	...	7	4
Other Conditions	...	...	...	...	...	1	2
EAR—							
Defective Hearing	...	...	...	...	...	5	2
Otitis Media	...	...	...	...	...	1	1
Other Ear Diseases	...	...	...	...	...	7	1
NOSE AND THROAT—							
Enlarged Tonsils only	...	...	...	...	...	42	23
Adenoids only	...	...	...	...	...	2	1
Enlarged Tonsils and Adenoids...	...	...	...	...	...	15	1
Other Conditions	...	...	...	...	...	44	19
ENLARGED CERVICAL GLANDS (non-Tuberculous)	...	...	...	...	...	2	3
DEFECTIVE SPEECH	...	...	...	...	...	1	2
TEETH—Dental Diseases (See Table VI)	...	...	...	...	...	—	—
HEART AND CIRCULATION—							
Heart Disease—Organic	...	...	...	...	...	5	11
	Functional	...	...	...	...	6	25
Anæmia	...	...	...	...	...	—	5
LUNGS—							
Bronchitis	...	...	...	...	...	3	1
Other Non-Tuberculous Diseases	...	...	...	...	...	1	3
TUBERCULOSIS—							
Pulmonary—Definite	...	...	...	...	...	—	—
	Suspected	...	...	...	...	—	—
Non-Pulmonary—Glands	...	...	...	...	...	—	1
	Spine	...	...	...	...	—	—
	Hip	...	...	...	...	—	—
	Other Bones and Joints	...	...	...	...	—	—
	Skin	...	...	...	...	—	—
	Other Forms	...	...	...	...	—	—
NERVOUS SYSTEM—							
Epilepsy	...	...	...	...	...	—	—
Chorea	...	...	...	...	...	1	—
Other Conditions	...	...	...	...	...	5	11
DEFORMITIES—							
Rickets	...	...	...	...	...	—	1
Spinal Curvature	...	...	...	...	...	24	7
Other Forms	...	...	...	...	...	59	22
OTHER DEFECTS AND DISEASES	...	...	...	...	...	34	60

B—Number of Individual Children Found at Routine Medical Inspection to Require Treatment
(excluding Uncleanliness and Dental Diseases)

NUMBER OF CHILDREN		Percentage of Children
Inspected	Found to Require Treatment	found to Require Treatment
1,774	417	23·5

TABLE VI

HIGHER EDUCATION

Dental Defects

(1) Number of Children who were—

(a) Inspected by the Dentist—

		Aged :	No.		
Routine Age Groups	{	5	...	35	Total 3,980
		6	...	58	
		7	...	73	
		8	...	90	
		9	...	104	
		10	...	236	
		11	...	413	
		12	...	528	
		13	...	551	
		14 & Over		1,892	
Specials	—
GRAND TOTAL					3,980

(b) Found to require treatment	...	...	...	2,665
(c) Actually treated	...	...	...	340

(2) Half-days devoted to Inspection	31	143
" " Treatment	...	...	...	112
(3) Attendances made by Children for treatment	844	985
(4) Fillings—Permanent Teeth	...	...	...	985
Temporary Teeth	...	...	...	—
(5) Extractions—Permanent Teeth	178	281
Temporary Teeth	...	...	...	103
(6) Administrations of general anaesthetics for extractions	157	154
(7) Other Operations—Permanent Teeth	...	...	...	154
Temporary Teeth	...	...	...	—

TABLE VIII—Summary of the Work at the School Dental Clinics, 1931

	CENTRAL CLINIC			ARMLEY CLINIC			BURLEY CLINIC			EAST LEEDS CLINIC			EDGAR STREET CLINIC			HOLBECK CLINIC			HUNSLET CLINIC			TOTAL ELEMENTARY SCHOOLS			Total Sessions	Total Work
	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases				
No. of Children Examined ...	38½	5,850	38	5,423	32½	4,646	35	4,820	43	6,164	34	4,660	43	5,869	264	37,432	31	3,050	295	(428)	41,412	(45,276)				
No. of Children requiring Treatment ...	—	4,594	—	4,076	—	2,990	—	2,264	—	3,657	—	3,147	—	3,515	—	24,243	—	2,005	—	—	26,908	(27,204)				
No. of Children accepting Treatment ...	—	4,261	—	3,363	—	2,304	—	2,287	—	3,563	—	2,306	—	3,048	—	21,132	—	375	—	—	21,507*	(22,016)				
No. of Children actually Treated ...	—	3,610	—	3,154	—	2,091	—	2,733	—	3,335	—	2,476	—	3,050	—	20,449	—	340	—	—	20,789*	(20,445)				
No. of Attendances for Extractions ...	87	3,343	79	2,722	39	1,677	54	1,997	61	2,753	57	2,099	61	2,313	438	10,904	7	170	445	(451)	17,074	(15,668)				
No. of Teeth Extracted—Temporary ...	—	6,183	—	4,570	—	2,958	—	3,952	—	4,700	—	3,698	—	4,159	—	30,220	—	103	—	—	30,323	(29,127)				
Permanent ...	—	1,006	—	1,032	—	544	—	736	—	1,137	—	806	—	977	—	6,238	—	178	—	—	6,416	(5,758)				
No. of Attendances for Fillings ...	239	1,628	141	1,091	96	734	115	849	100	680	118	802	210	1,522	1,019	7,306	105	674	1,124	(1,034)	7,080	(6,896)				
No. of Teeth Filled—Temporary ...	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	(8)				
Permanent ...	—	2,207	—	1,342	—	1,030	—	1,349	—	1,014	—	1,140	—	1,883	—	9,065	—	985	—	—	10,950	(9,496)				
No. of Anæsthetic given General ...	—	3,005	—	2,659	—	1,538	—	1,923	—	2,675	—	1,994	—	2,220	—	16,014	—	157	—	—	16,171	(15,083)				
Local ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(2)				
Other Operations—Temporary ...	—	13	—	—	—	—	1	—	—	—	—	—	—	—	—	14	—	—	—	—	14	(20)				
Permanent ...	—	344	—	70	—	70	—	14	—	13	—	55	—	61	—	627	—	154	—	—	781	(685)				
†Regulations—No. of Children ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	62	(65)				
No. of Attendances	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	734	(509)				
No. of Appointments made ...	—	6,451	—	4,799	—	2,936	—	3,735	—	4,244	—	3,722	—	4,984	—	30,571	—	1,105	—	—	31,976*	(29,456)				
No. of Appointments kept ...	—	4,971	—	3,813	—	2,411	—	2,846	—	3,433	—	2,901	—	3,835	—	26,210	—	844	—	—	25,054*	(22,564)				

In addition, 46 Sessions were spent in the examination of children in connection with the Competition for the care of the teeth (3,554 examinations).
 The figures in brackets represent the corresponding totals for 1930.
 * Includes "Casuals." † Work carried out at the Leeds Dental Hospital.

TABLE IX
Number of Notices Issued to Parents of Children Reported
to have Defects during 1931

SCHOOL MEDICAL OFFICERS' CASES—				
First Notices...	...	...	...	6,852
Second Notices	...	...	...	1,249
				8,101
DEFECTIVE VISION CASES	...	...	...	8,563
SCHOOL NURSES' CASES—				
Uncleanliness of Head—				
First Notices	...	...	8,740	
Second Notices	...	...	4,194	
Special Notices	...	...	1,226	
Final Notices	...	...	1,773	
				15,939
Uncleanliness of Body—				
First Notices	...	...	935	
Second Notices	...	...	182	
Final Notices	...	...	23	
				1,140
				17,079
SCHOOL DENTAL OFFICERS' CASES	...	...		26,908
SECONDARY SCHOOL CASES	...	...		577
TOTAL	...	...		61,228

TABLE X
Number of Exclusions 1931

DEFECT	REFERRED FOR EXCLUSION BY		TOTAL
	School Medical Officers	School Nurses	
Uncleanliness of Head	11	1,857	1,868
Uncleanliness of Body	—	391	391
Ringworm	62	53	115
External Eye Disease	36	52	88
Defective Vision*	68	—	68
Skin Diseases	128	308	436
Other Diseases	5	18	23
TOTAL 1931	310	2,679	2,989
TOTAL 1930	405	2,608	3,013

*In addition to these cases children are excluded who do not wear the spectacles that have been supplied, or who fail to take steps to repair or replace spectacles that have been broken or lost.

TABLE XI—Average Height

Age last Birthdav	ELEMENTARY SCHOOLS				SECONDARY SCHOOLS				Average Height England & Wales 1883 Artisan Towns Inches	
	No. Measured		Inches		No. Measured		Inches		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
3	1004 (703)	593 (551)	37·1 (37·0)	36·7 (36·7)	— —	— —	— —	— —	— —	— —
4	1112 (1237)	1104 (1102)	39·6 (39·6)	39·1 (39·2)	— (2)	4 (2)	— (43·7)	41·5 (43·4)	— —	— —
5	1440 (1647)	1539 (1682)	41·8 (41·6)	41·4 (41·4)	13 (16)	16 (17)	45·0 (43·6)	42·9 (42·9)	39·7 —	39·8 —
6	310 (323)	296 (309)	44·0 (44·3)	43·7 (43·5)	7 (16)	17 (12)	44·4 (46·3)	45·4 (44·7)	41·9 —	41·8 —
7	396 (436)	378 (466)	46·8 (46·8)	46·4 (46·4)	4 (9)	15 (2)	49·9 (49·0)	47·2 (46·5)	44·6 —	43·6 —
8	3040 (3340)	2959 (3301)	47·9 (47·6)	48·0 (47·9)	25 (23)	39 (30)	50·6 (50·2)	50·4 (51·0)	46·5 —	45·5 —
9	248 (209)	279 (228)	49·7 (49·8)	49·7 (49·8)	29 (18)	31 (23)	52·9 (51·7)	52·0 (53·6)	48·9 —	47·4 —
10	94 (81)	85 (75)	51·6 (51·5)	52·1 (51·4)	56 (35)	45 (50)	54·5 (54·0)	54·5 (54·2)	50·7 —	49·0 —
11	277 (289)	240 (248)	54·2 (54·2)	54·7 (53·9)	78 (52)	181 (128)	55·0 (54·5)	56·0 (55·5)	52·7 —	51·5 —
12	1930 (1906)	1935 (1893)	55·1 (54·8)	55·7 (55·6)	201 (172)	127 (159)	56·5 (56·6)	58·2 (57·3)	53·7 —	54·0 —
13	105 (128)	151 (122)	57·0 (57·1)	57·8 (57·3)	44 (56)	64 (90)	57·9 (59·5)	60·8 (59·7)	55·8 —	56·2 —
14	4 (4)	6 (5)	58·5 (59·9)	58·0 (57·4)	139 (77)	87 (93)	62·0 (61·5)	61·4 (61·2)	58·6 —	58·6 —
15	— —	— —	— —	— —	297 (295)	158 (151)	63·9 (63·7)	62·2 (62·7)	— —	— —
16	— —	— —	— —	— —	26 (31)	60 (54)	65·5 (65·4)	63·2 (62·8)	— —	— —
17	— —	— —	— —	— —	1 (1)	8 (3)	66·5 (66·7)	63·3 (62·3)	— —	— —
18	— —	— —	— —	— —	1 —	— (2)	65·7 —	— (66·0)	— —	— —
19	— —	— —	— —	— —	— —	1 —	— —	64·0 —	— —	— —

The figures in brackets represent the corresponding averages for 1930.

TABLE XII—Average Weight

Age last Birthday	ELEMENTARY SCHOOLS				SECONDARY SCHOOLS				Average Weight England & Wales 1883 Artisan Towns	
	No. Weighed		Lb.		No. Weighed		Lb.		Lb.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
3	604 (703)	593 (551)	33·6 (33·7)	32·1 (32·4)	—	—	—	—	—	—
4	1112 (1237)	1104 (1102)	37·2 (37·0)	36·0 (36·0)	(2)	4 (2)	(42·5)	40·7 (43·2)	—	—
5	1440 (1647)	1539 (1682)	40·5 (40·2)	39·1 (38·9)	13 (16)	16 (17)	46·5 (43·2)	43·5 (43·2)	40·9 —	40·3 —
6	310 (323)	296 (309)	44·4 (44·0)	42·7 (42·5)	7 (16)	17 (12)	47·0 (48·0)	46·6 (45·1)	44·6 —	43·1 —
7	396 (436)	378 (466)	50·5 (50·0)	48·2 (48·6)	4 (9)	15 (2)	55·5 (54·1)	52·7 (49·0)	50·7 —	46·2 —
8	3040 (3340)	2959 (3301)	54·1 (53·8)	52·1 (52·0)	25 (23)	39 (30)	58·5 (58·6)	59·4 (59·4)	54·3 —	51·8 —
9	248 (209)	279 (228)	58·0 (58·5)	56·6 (56·5)	29 (18)	31 (23)	67·1 (60·9)	65·2 (59·7)	58·3 —	55·2 —
10	94 (81)	85 (75)	63·9 (63·2)	63·2 (62·3)	56 (35)	45 (50)	68·0 (66·3)	71·7 (69·1)	64·0 —	60·5 —
11	277 (289)	240 (248)	72·2 (72·0)	73·0 (70·0)	78 (52)	181 (128)	71·6 (69·3)	78·5 (73·4)	69·0 —	66·8 —
12	1930 (1906)	1935 (1893)	74·4 (74·2)	76·6 (75·9)	201 (172)	127 (159)	78·2 (77·6)	87·5 (83·2)	73·0 —	74·9 —
13	105 (128)	151 (122)	82·1 (82·1)	85·1 (81·7)	44 (56)	64 (90)	81·9 (93·8)	100·3 (90·6)	79·0 —	84·9 —
14	4 (4)	6 (5)	80·3 (96·2)	87·9 (76·7)	139 (77)	87 (93)	104·2 (101·2)	105·5 (103·7)	87·3 —	97·7 —
15	— —	— —	— —	— —	297 (295)	158 (151)	112·9 (110·8)	112·6 (112·4)	— —	— —
16	— —	— —	— —	— —	26 (31)	60 (54)	123·7 (115·9)	115·8 (115·5)	— —	— —
17	— —	— —	— —	— —	1 (1)	8 (3)	115·0 (124·0)	120·8 (109·8)	— —	— —
18	— —	— —	— —	— —	1 —	— (2)	119·5 —	— (113·7)	— —	— —
19	— —	— —	— —	— —	— —	1 —	— —	119·0 —	— —	— —

The figures in brackets represent the corresponding averages for 1930.

REPORT ON PHYSICAL EDUCATION IN ELEMENTARY SCHOOLS, 1931

Staff—Miss M. Bennett, Woman Organiser, commenced duties on 1st March in place of Miss L. J. Mitchell, who left the services of the Leeds Education Committee on 31st December 1930.

Mr. G. W. Anderson resigned his appointment on the 30th September to take up duties as Organiser of Physical Training for the Norwich Education Committee. Mr. M. Dixon has been appointed to fill this vacancy and commenced duty on the 1st January 1932.

Mrs. Laing, Senior Woman Organiser, was absent for five weeks last term on account of a severe attack of bronchitis. At this period, owing to the vacancy caused by Mr. Anderson's resignation not being filled for three months, the Staff was depleted from originally five to two, and for a time the work of the Department accumulated.

Physical Education embraces such a variety of activities that, for the purpose of a comprehensive report, it is desirable that subdivisions be enumerated and details given under each.

**A—Physical Training in the Schools. Evening Classes.
Town Hall Demonstration.**

B—Organised Games and the Playing Field Problem.

C—Leeds Elementary Schools' Athletic Association.

1—Annual Report.

2—Children's Day.

3—Affiliated Associations.

D—School Camp.

E—Swimming Instruction.

F—Other Activities.

Play Centres.

Physical Education Circle.

Gray Trophies.

A—PHYSICAL TRAINING IN THE SCHOOLS

The work of the Staff in attempting to create a more even distribution of enthusiasm for Physical Training in the schools has been continued, but only the Easter term could be devoted to this.

Schools were visited for the first time in three or four years, and in one case the 1919 Syllabus of Physical Training (Board of Education) was not known. Fortunately such instances are rare. The summer term was devoted, as in the past, to the preparation of the Displays for Children's Day. The last term was chiefly occupied in examining teachers who attended the Special Course during the summer (see paragraph below).

Since the reduction of Staff in 1929 the administrative work has increased, and necessitates considerable time being spent at the Education Offices, despite work at a high pressure.

The policy outlined in last year's Report—of giving further instruction to teachers, has been continued. It was originally intended to continue the Day Courses for Teachers that commenced the previous year, but this was not possible owing to the withdrawal of so many teachers for courses in other subjects. The only alternative was instruction outside school hours—no mean test of the enthusiasm of the teachers for any subject. The course was advertised in the schools in February as a "Special Course in Physical Education for Teachers in Senior and Evening Schools." The response was very encouraging, 76 men and 68 women signifying their intention of attending. Owing to the large numbers two classes for men and two for women were held every Tuesday and Monday evenings respectively. A feature of the men's course was the coaching of cricket by Mr. Herbert Sutcliffe, the Yorkshire and England cricketer, at Headingley practice shed. By Easter 1932 all teachers who attended the course will have been examined by the Organising Staff and certificates will be granted to those teachers who have made satisfactory progress. Thus we have about 70 men and 60 women in the city specially qualified to teach advanced Physical Training in Senior and Evening Schools.

This is only the beginning of a scheme whereby it is hoped to staff every school in the city with at least one *specially qualified* teacher of physical training.

Physical Training in the schools is showing improvement, especially in those departments that benefited directly from the above-mentioned course. Attempts are being made by the teachers to overcome the difficulties of lack of accommodation and insufficient time being devoted to the subject. The accommodation for the Physical Training lesson is the playground, and one looks for adequate provision here as in any other subject.

Last year's Report stated that "Physical Education is still struggling for its fair share of time and attention in the time-table, and there is a tendency to cut out the Physical Training lesson and devote the time to other subjects." The Organising Staff continue to report that in many departments insufficient time is devoted to the subject. There may be some reason for this where teachers are handicapped through poor accommodation or ill-health, but one cannot understand an efficient specialised teacher with good playground accommodation being allowed one lesson per week. It must be pointed out that if the weather is unsuitable even this one lesson is missed. Even if the Board of Education's recommendation of three lessons a week be allowed on the time-table, it is seldom that all the lessons can be taken owing to bad weather.

Town Hall Demonstration—The primary object of this demonstration, to be held in the Town Hall on Saturday, 12th March 1932, is to give the public and teachers an opportunity of seeing the progression of modern methods of Physical Education throughout the school life of the child. The programme will consist of typical lessons for each stage of development from infants to seniors, and will stress the educational value of the work. It will be a demonstration to the teachers of the standard to be aimed at in the Physical Training lesson.

Evening Classes have been well attended throughout the session. Unfortunately the classes in the City of Leeds School Gymnasium—the headquarters of evening classes for teachers—have been handicapped by the erection of a platform. This platform is now complete and can be dismantled at short notice, thus leaving the whole floor of the gymnasium at our disposal. This last year, classes in Scottish Dancing have been held, a new introduction to Leeds. These classes were attended by about 40 teachers. This type of dancing makes a special appeal to the vigorous and is a strong corrective of bad carriage through the medium of supple graceful footwork.

Physical Training in evening schools has shown marked improvement. All teachers now engaged in this work are specially trained. Portable apparatus has been provided in many cases and the advanced type of work is becoming well established.

B—ORGANISED GAMES AND THE PLAYING FIELD PROBLEM

"The Organised Games Period is the least satisfactory of the Physical Education scheme. This may be due to lack of knowledge on the part of the teachers and lack of facilities." (Extract from 1926 Report.) During the last few years special attention has been given to the Organised Games period with a view to bringing it in line with the standard of other activities connected with Physical Education. Since the above Report was written, 250 teachers have been specially trained to conduct the Organised Games lessons, for it is considered one of the duties of the Physical Training Staff to rectify any "lack of knowledge on the part of the teachers." All the teachers throughout the city cannot be specially trained in a few months, but the task of instructing them how to make the most of this important branch of the Physical Education Scheme has begun, and will continue.

The need at the present time is for facilities to carry into effect the instruction which the Organising Staff have imparted to the teachers.

The Playing Field Problem—In every Annual Report on Physical Education in Leeds since the war, the need for Playing Fields has been stressed and yet Leeds is one of the few cities in the country possessing no playing fields actually owned by the Education Committee for use of Elementary School Children.

A scheme for providing Playing Fields was adopted by the City Council in September 1927. In 1930 there was a conference between members of the Education Committee and the Improvements and Parks Committee, but nothing tangible appears to have accrued. The longer the delay the more difficult the problem becomes. A suitably equipped Playing Field for the teacher of the Organised Games lesson is as advisable as a Manual Centre for the teacher of Handicraft, and it is just as important that the Playing Field be owned by the Education Committee. The field for the Organised Games lesson requires a preparation and marking different from any other type of sports field, and this preparation cannot be effected either on pitches that are rented or on public playing spaces.

In his lecture demonstration on Cricket to the teachers last summer, Mr. Herbert Sutcliffe definitely stated that cricket can only be properly taught on a good pitch. I am not aware of a single good cricket pitch available for Elementary School children in the whole

of the city. It is quite clear that the knowledge of many teachers of the Games Period is in excess of the facilities offered.

By way of comparison the following statistics are given—

City	No. of Fields Owned by Education Committee	No. of Fields Rented by Education Committee	Total Acreage
Birmingham ...	25	—	247
Leicester ...	4	2	85
Liverpool ...	5	4	57
Nottingham ...	3	No. not stated	25 (apart from renting)

The Playing Field system for Elementary Schools at Birmingham is recognised by the Board of Education to be the model for England. A deputation from the Halifax Education Committee composed of two members and the Physical Training Organiser visited Birmingham last year and concluded a comprehensive Report on their visit of inspection with the following paragraph—

“There is no doubt that the visit to Birmingham Playing Fields has been most profitable. The far-sighted policy of the Birmingham Education Authority in evolving such an extensive scheme of Playing Fields will not only directly benefit the children of Birmingham, but will have far-reaching effects on that city. It sets an example which might well be followed by other authorities throughout the country.”

The Organiser for Birmingham states—

“We in Birmingham consider that the cost involved in purchasing, in maintaining, and in transport has been very well worth while.”

The Organiser for Nottingham reports—

“The policy here is quite distinctly one of acquiring our own fields. The usual difficulties exist of finding suitable grounds at reasonable prices. The advantages of the Committee's own fields are so definite that I am quite certain the Committee will never hesitate to acquire rather than rent.”

The Problem in Leeds—A wholesale purchase of playfields by the Education Committee is not suggested, but steps might be taken to secure an option on certain land with a view to providing playing accommodation as early as possible for the South, East, and North districts of the city. The purchase of one field of ten to fifteen acres is

strongly urged. This is considered the most convenient size from the point of view of upkeep, as it gives whole-time employment for one groundsman.

The system of Transport for Elementary School children to Playing Fields in school time, which came in force on 1st November 1930, is now well established.

C—LEEDS ELEMENTARY SCHOOLS' ATHLETIC ASSOCIATION

This Association continues to exert a powerful and useful influence on the physical welfare of the children of the Elementary Schools.

Extracts from the 12th Annual Report are given—

" . . . Several of our year's activities call for special mention. First our attempt to form a Yorkshire Sports Association. For this purpose a meeting was held in Leeds but I could not help feeling, as Chairman, that our guests were (quite wrongly) rather suspicious of our intention. As a natural corollary to this meeting we staged the Yorkshire Championship Races at Headingley. . . ."

"Mention must be made of the enterprise of the Fox Co. in taking a Talkie of Children's Day. Later came the showing and presentation to the city of the Children's Day Film, a valuable addition to the city archives.

"Lastly the official opening of the T. V. Harrison Sports Ground, the culmination of a great though expensive effort by which a first-class Playing Field complete and replete has been secured for all time to our Leeds Children."

The T. V. Harrison Sports Ground is used by 13 Elementary Schools in the vicinity for Organised Games during school hours. In addition to this the Ash Road Ground, Headingley, which is rented by the Athletic Association at considerable expense, is used by several schools in the district in school time. In many schools these two grounds provide the only solution to satisfactory accommodation for the Organised Games period. The annual cost of rent and upkeep is such that the Leeds Elementary Schools' Athletic Association may have to curtail their original intention of providing Playing Fields in other parts of the city. The policy of the Athletic Association is to assist in the provision of Playing Fields rather than to be burdened with the whole responsibility.

Children's Day—This year instead of certain schools being selected to take part in the Displays on the Arena, all schools were invited to participate with the result that 2,500 children took part. A party of Danish boys, on a visit to this country, were entertained at the Park, and took part in the Grand March of the display children round the arena. Unfortunately rain interfered with the proceedings and no doubt had an adverse influence on the attendance after tea, but in spite of this a sum of over £1,100 was realised.

The following Associations are affiliated to the Central Body:—

Boys---

Leeds Schools' Football Association.

Leeds Schools' Football League.

Hunslet Schools' Football League.

Leeds Schools' Cricket Association.

Girls—

Leeds Elementary Schools' Net Ball Association.

“ “ “ American Ball Association.

“ “ “ Four Court Circle Ball Association.

Mixed—

Leeds Elementary Schools' Swimming Association.

It is not proposed to give a detailed report of each of the branches, but the comprehensive nature of the above list indicates the wide field of activity of the Leeds Elementary Schools' Athletic Association.

Tribute is paid to the great amount of work in connection with these Associations done by the teachers out of school hours, in preparation for and in the running of inter-school contests. This work is a very valuable adjunct to the Physical Training in the schools, and moreover it is not merely the physical results that are important—but the moral training.

The policy of encouraging schools to turn out rather than a few representative teams has been continued, and from several of the above Associations reports of lack of Playing Fields accommodation have been received. The situation in the case of the Leeds Schools' Rugby League is perhaps the most desperate, and therefore I quote from the Secretary's Report as follows—

“I very much regret to report that in the near future the Ash Road site will not be available. The whole of the estate is in the hands of the builders, while a 60 foot road is going to be driven

through the heart of it. I have already been warned to move the huts where the boys dress. In view of the fact that we have been unable to find suitable accommodation . . . the position threatens our very existence. It also comes at a time when . . . an increasing number of young, enthusiastic, qualified games instructors are joining us."

It may be pointed out that Ash Road Ground is rented by the Leeds Elementary Schools' Athletic Association at a cost of about £70 a year, and provides many schools with the only possible accommodation for their Organised Games Period.

D—THE SCHOOL CAMP

The Camp, which accommodates 60 girls and 72 boys each week, reopened on Monday, 18th May, and closed on 28th September. During the 18 weeks it was open, 2,419 children from Leeds Schools spent a week there. The Leeds Elementary Schools' Athletic Association increased the grant for free places by £20. Thus 280 children were sent to the Camp free of charge, the cost to the Association being £140.

Several schools availed themselves of the opportunity of filling both boys' and girls' sections of the Camp, so that the charabanes picked up the children and luggage at the schools instead of the Education Offices. The attempt to fill the Camp each week with a view to economy of transport, accommodation and service has proved successful, as the cost per head in 1931 is considerably lower than in previous years.

An excellent scheme of educational work was arranged by which full use was made of the facilities in the district for practical lessons in History, Geography, and Nature Study. Rambles for this purpose were arranged daily to the various places of interest in the locality.

E—SWIMMING INSTRUCTION

The instruction was organised on lines similar to those of previous years at a charge by the Property Committee to the Education Committee of three half-pence a child for each visit to the Baths.

The season opened on Monday, the 13th April, and closed on Friday, the 2nd October, a period of 19 weeks.

During the year 156,738 attendances were made.

Examinations for Certificates awarded by the Education Committee have been carried out periodically by members of the Physical Training Staff and the Superintendent of the Baths.

The following Certificates were awarded—

Third Class	...	...	2,644
Second Class	...	...	1,428
First Class	...	...	972
Proficiency	...	...	45

Total ... 5,089 (1930-4, 185)

The Annual Swimming Galas were organised as in previous years by a Joint Committee of the Corporation Property Committee and the Leeds Elementary Schools' Swimming Association. Seven District Galas were held at various Baths at the end of the summer term, and the Final Gala at Cookridge Street Baths at the close of the Swimming Season.

F—OTHER ACTIVITIES

Play Centres—No addition has been made to the number of Play Centres, namely seven.

Park Lane C.	} Organised by the Education Committee
Primrose Hill C.	...	...
Isles Lane C.	...	...
Low Road C.	...	...
Hunslet Lane C.	} Organised by the Yorkshire Ladies' Council of Education
Woodhouse C.	...	...
Cross Stamford St. C....			Jewish Welfare Committee.

These centres open from 5 p.m. to 7 p.m. three evenings each week and are taking an average of over 2,000 children from the streets each evening they open, at a time when traffic is perhaps most congested. A good deal of useful handwork, including woodwork, basketry, needlework, raffia work, and housewifery is done. The tone of the Play Centres is high, and the pleasure that the children derive is illustrated by the fact that many are refused admission owing to lack of accommodation. Housing conditions being what they are, the Play Centres offer for many children the only real opportunity of playing under proper conditions.

Parties of Training College Students have been conducted round the various Play Centres during the year.

Gray Trophies—These trophies were presented by Mr. P. L. Gray, late H.M.I., and Mrs. Gray, for annual competition with a view to stimulating the interest in General Activity and Flexibility Tests. The competition was again confined to children under 11 years of age. More than 30 teams entered for the competition, the winners being (Boys) Blenheim C. School, (Girls) Stanningley C. of E. School.

Physical Education Circle—This Association has had one of the most successful seasons since its formation, but the effort to stimulate the interest of the men teachers has not been successful. Consequently the following programme was arranged to cater for the women teachers—

Lecture on "Physical Education and Health," by Dame Janet Campbell, D.B.E., M.D., M.S., Chief Woman Adviser to the Board of Education.

Lecture Demonstration on "Infant Work," by Miss Wardle, H.M.I., late Organiser of Physical Training, Northumberland.

Lecture Demonstration on "Rhythmic Gymnastics," by Miss G. Wright, Principal of the Scandinavian Summer School, Herne Bay.

Lecture Demonstration on "Tennis," by Captain R. Pickersgill, Wimbledon, and Yorkshire County Player.

Lecture Demonstration on "Eurhythmics for Infants and Juniors," by Miss Winifred Houghton, Gipsy Hill Training College.

Lecture Demonstration on "Games leading up to Net Ball and Rounders," by Miss Newbold, late Member of the Staff of the Chelsea Physical Training College.

Lecture Demonstration on "Scottish Country Dancing," by Miss Jean Milligan, Lecturer on Physical Education at the Training College, Jordan Hill, Glasgow.

Lecture Demonstration on "Swimming," by F. Boyd, Esq., City of Leeds Training College.

Lecture Demonstration on "Junior Work," by Miss Morgan, Lecturer on Physical Training, Saffron Waldon Training College (late of the City of Leeds Training College).

In conclusion I wish to express on behalf of the Physical Education Staff our appreciation of the goodwill and co-operation of the teachers of the city.

SIDNEY SHAW

February 1932

Chief Organiser of Physical Training

EMPLOYMENT OF CHILDREN

EDUCATION ACT 1921, PART VIII, SECTIONS 90-108

The Bye-laws for regulating the employment of school children out of school hours, and young persons trading in the streets, are administered through the School Enquiry and Welfare Section of the Education Department, and controlled by the School Attendance Sub-Committee. Two officers are specially detailed for the supervision of this work and to carry out other important duties.

The School Enquiry Officers (20 in number) are supplied with the name, address, and school of every child registered for employment out of school hours, and each man is required to assist in the supervision.

It is pleasing to report that, speaking generally, there is a genuine desire on the part of parents and employers to co-operate with the authority in this work, and an appreciation that the purpose of the regulations is not to prohibit reasonable employment but to afford necessary protection to children.

(1) General Employment

The total number of children between 12 and 14 years of age employed out of school hours at the end of the year was 890. Of these 858 were boys and 32 were girls. A decrease on the previous year of 47.

The following are the occupations in which they were engaged—

Nature of Employment				Boys	Girls	Total
Newspapers	...	...	†7-8 a.m.	380	4	384
"	...	...	5-7 p.m.	242	7	249
Milk	...	...	†7-8 a.m.	11	3	14
"	...	...	5-7 p.m.	7	2	9
Grocers	...	...	5-7 p.m.	47	2	49
Greengrocers	...	...	5-7 p.m.	27	1	28
Butchers	...	...	5-7 p.m.	39	—	39
Bakers and Confectioners	...	...	5-7 p.m.	33	5	38
*Various	...	...	5-7 p.m.	72	8	80
Totals				858	32	890

*NOTE—(a) Employed as messengers for chemists, tailors, drapers, milliners, firewood dealers, florists, laundries, drysalers, fancy-goods dealers, ironmongers, and as surgery assistants.

(b) On Saturday or during school holidays the hours which employers may select are either from 9 a.m. to 1 p.m., or 2 to 6 p.m.

†(c) Children employed before school hours, may be employed in the afternoon only between 5 and 6 p.m.

During the year 684 applications were made for working certificates. These entailed 805 examinations by the School Medical Officer as to the fitness of the children for employment. Only 20 of these were girls.

Two boys were refused certificates on account of being physically unfit owing to heart trouble.

One hundred and seventeen children on the first examination were found to be suffering from various minor ailments, and while not being unfit for work, the issue of the certificates was delayed until these conditions had received satisfactory attention.

Three hundred and ninety-eight juveniles were employed before morning school in the delivery of milk and newspapers. Seven only of these were girls.

The total number of offences discovered during the 12 months was 197. Of these, 49 were in respect of children under 12 years of age, and 35 in respect of children not registered for employment. Twenty-four employers were warned by the Committee for offences under the bye-laws, and eight parents for conducing to the offences.

Ten employers were prosecuted; four were fined 20s. and six 10s.

(2) Street Trading

Trading in the streets by young people under 16 years of age has practically ceased. Only five youths between 15 and 16 years of age were licensed for this employment at the end of the year. Three of these sold newspapers, one greengrocery, and one coal.

Eight offences were discovered under the Street Trading Regulations. In four cases the offenders, along with their parents, appeared before the School Attendance Sub-Committee. The remaining four were suitably cautioned.

(3) Children Employed in Entertainments

During the year 109 children took part in public entertainments. Thirty-three of these were employed in local pantomimes; 14 were attached to travelling troupes and visited Leeds in the course of their engagements.

The Local Education Authority granted in all 63 licences. Fifty-two were to enable local children, who are members of a junior choir and orchestra, to take part in various concerts promoted by the Leeds Industrial Co-operative Society; seven were in connection with a Sunday School concert party; two for a display of dancing

and one in connection with a play at the Civic Theatre. None of the entertainments necessitated a Leeds child sleeping from home. Of the 63 licenses granted, 62 were in force on the 31st December 1931.

There was no serious breach of the conditions of the licences in respect of children taking part in public entertainments. In two cases, where infringements were discovered, the attention of the persons concerned was drawn at once to the matter and the ground for complaint was immediately removed. Three local children were found employed in connection with a travelling circus and not licensed. The employer was warned and at once the offence ceased.

All the children attended school regularly, and those on tour were under suitable and efficient supervision. The apartments occupied by children visiting Leeds were inspected and approved by the Local Authority before the children arrived in Leeds.

It is felt that mention ought to be made with respect to the number of applications made to the authority, by teachers of dancing classes, for permission to allow their pupils (whose ages range from four years to 14) to give displays of dancing in connection with concerts promoted on behalf of various organisations, Sunday Schools, etc., the proceeds of which were not to be used for private profit.

The frequency of the applications and the possible detrimental effect (physical and mental tiredness) on children of very tender years, has led the Committee to point out that the Education Act provides for occasional entertainments only, and to suggest to the people concerned that children below the age of eight years should not be included in any evening performance.

J. H. CAPES

*Superintendent of Enquiry,
Employment and Welfare Section*